2026

Formulario

(Lista de medicamentos cubiertos)

Este formulario se actualizó el 1 de septiembre de 2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con ArchCare Senior Life (PACE) Servicios para los Member al 1-866-412-5435 (los usuarios de TTY deben llamar al 711), 24 horas al día, 7 días a la semana, o visite www.ArchCareSeniorLife.org.

archcare Senior Life

ArchCare Senior Life (PACE)

Formulario de 2026

Lista de medicamentos cubiertos o

“Lista de medicamentos”

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Formulary ID: 00026079, Version Number: 14

Nota para los miembros actuales: Este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a Catholic Managed Long Term Care, Inc. Cuando dice “plan” o “nuestro plan”, hace referencia a ArchCare Senior Life (PACE).

Este documento incluye una Lista de medicamentos (Formulario) de nuestro plan, que está vigente a partir del el 1 de septiembre de 2026. Lista de medicamentos (Formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos (Formulario), aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias los copagos y el coseguro pueden cambiar el 1 de enero de 2026 y periódicamente durante el año.

¿Qué es el Formulario de ArchCare Senior Life (PACE)?

En este documento, los términos Lista de medicamentos y Formulario significan lo mismo. Un Formulario es una Lista de medicamentos cubiertos seleccionados por ArchCare Senior Life (PACE) con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Normalmente, ArchCare Senior Life (PACE) cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de ArchCare Senior Life (PACE) y se cumpla con otras normas del plan.

Este documento incluye una lista de medicamentos cubiertos en nuestro formulario a fecha 1 de septiembre de 2026. Puede encontrar información sobre lo que significan los símbolos y abreviaturas de esta tabla en la página 9.

Para consultar la lista completa de todos los medicamentos con receta cubiertos por ArchCare Senior Life (PACE), visite nuestro sitio web o llámenos. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

¿El Formulario puede cambiar?

La mayoría de los cambios en la cobertura de los medicamentos ocurre el 1 de enero, pero nosotros podríamos/podría agregar o quitar medicamentos del Formulario durante el año, o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios. Las actualizaciones del Formulario se publican todos los meses en nuestro sitio web: www.ArchCareSeniorLife.org.

Cambios que pueden afectarlo este año: En los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año:

Sustitución inmediata de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales. Podemos eliminar inmediatamente un medicamento de nuestro Formulario si lo reemplazamos con una cierta versión nueva de ese medicamento que aparecerá con las mismas restricciones o menos. Cuando agregamos una nueva versión de un medicamento a nuestro Formulario, podemos decidir mantener el medicamento de marca o productos biológicos originales en nuestro Formulario, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones.

Podemos realizar estos cambios inmediatos solo si estamos sumando una nueva versión genérica de un medicamento de marca, o si agregamos ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el Formulario (por ejemplo, agregar un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una receta nueva).

Si actualmente está tomando el medicamento de marca o el producto biológico original, quizás no le informemos con anticipación que realizaremos un cambio inmediato, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo para usted el medicamento que se cambiará. Para obtener más información, consulte la sección a continuación titulada "¿Cómo puedo solicitar una excepción al Formulario de ArchCare Senior Life (PACE)'s Formulary?

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?".

Medicamentos retirados del mercado. Si un fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que se debe retirar por razones de seguridad o eficacia, podemos eliminar inmediatamente el

medicamento de nuestro Formulario y, luego, notificarles a los miembros que toman el medicamento.

Otros cambios. Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del Formulario cuando agreguemos un equivalente genérico o eliminar un producto biológico original cuando agreguemos un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original. Podemos realizar cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario o agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento debemos notificar a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia el cambio. Alternativamente, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro del medicamento para un 30-días y un aviso del cambio.

Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción para usted y continuemos la cobertura del medicamento que ha estado tomando. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo puedo solicitar que se haga una excepción al Formulario de ArchCare Senior Life (PACE)'s".

Cambios que no lo afectarán si actualmente toma el medicamento. En general, si usted toma un medicamento de nuestro Formulario para 2026 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique el Formulario del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entra en vigencia el 1 de septiembre de 2026. Para recibir información actualizada sobre los medicamentos cubiertos por ArchCare Senior Life (PACE) comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior. Visite nuestro sitio web en www.ArchCareSeniorLife.org o llame a Servicios para Miembros al 1-866-412-5435, las 24 horas del día, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 711. Le notificaremos por correo en caso de cambios en el formulario que no sean de mantenimiento a mitad de año.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento dentro del formulario:

Afección médica

El Formulario comienza en la página 14. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría

”Cardiovascular”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 14. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 253. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

ArchCare Senior Life (PACE) cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (Food and Drug Administration, FDA) dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y, suelen costar menos que los de marca. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Normalmente, los medicamentos genéricos pueden sustituir a los medicamentos de marca en la farmacia sin necesidad de obtener una receta nueva, según las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son fármacos más complejos que los fármacos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, cuentan con alternativas que se denominan biosimilares. Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir lo siguiente:

Autorización previa: ArchCare Senior Life (PACE) exige que usted obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de ArchCare Senior Life (PACE) antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que ArchCare Senior Life (PACE) no cubra el medicamento.

Límites de cantidad: Para ciertos medicamentos, ArchCare Senior Life (PACE) limita la cantidad del medicamento que ArchCare Senior Life (PACE) cubrirá. Por ejemplo, ArchCare Senior Life

(PACE) proporciona 30 por receta para Kerendia. Esto puede ser complementario a un suministro estándar para un mes o tres meses.

Tratamiento escalonado: En algunos casos, ArchCare Senior Life (PACE) requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que ArchCare Senior Life (PACE) no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces ArchCare Senior Life (PACE) cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 14. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado en línea un documento para explicar nuestra nuestras restricciones de autorización previa y de tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Puede pedirle a ArchCare Senior Life (PACE) que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que podrían tratar su afección médica. Consulte la sección "¿Cómo puedo solicitar que se haga una excepción al Formulario de ArchCare Senior Life (PACE)?" en la página 6 para obtener información acerca de cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para los miembros y preguntar si su medicamento está cubierto.

Si resulta que ArchCare Senior Life (PACE) no cubre el medicamento que toma, tiene dos alternativas:

Puede pedir a Servicios para los miembros una lista de medicamentos similares que estén cubiertos por ArchCare Senior Life (PACE). Cuando reciba la lista, muéstresela a su médico y ellas que le recete un medicamento similar que esté cubierto por ArchCare Senior Life (PACE).

Puede solicitar que ArchCare Senior Life (PACE) haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo puedo solicitar que se haga una excepción al Formulario de ArchCare Senior Life (PACE)?

Puede solicitar a ArchCare Senior Life (PACE) que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto.

Puede solicitarnos que renunciemos a una restricción de cobertura que incluye autorización previa, terapia escalonada o límites de cantidad de su medicamento. Por ejemplo, para ciertos medicamentos, ArchCare Senior Life (PACE) limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, ArchCare Senior Life (PACE) solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el Formulario del plan, o la restricción no seran tan efectivos para usted y/o le causarían efectos adversos.

Usted o su médico deben comunicarse con nosotros para solicitarnos una excepción al formulario, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, su médico deberá explicarle las razones médicas por las que necesita la excepción.** Generalmente, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una decisión acelerada (rápida) si cree, y nosotros estamos de acuerdo, que su salud podría verse gravemente perjudicada si espera hasta 72 horas para recibir una decisión.. Si estamos de acuerdo, o su médico solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de recibir la declaración de respaldo de su médico.

¿Qué puedo hacer si mi medicamento no está en el Formulario o si tiene una restricción?

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O bien, es posible que esté tomando un medicamento que está en nuestro formulario pero que tiene una restricción de cobertura, como una autorización previa. Debe hablar con su médico sobre cómo solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubrimos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días como miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o que tenga una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta está escrita para menos días, permitiremos resurtidos para proporcionar un suministro máximo de medicamento para 30 días. Si no se aprueba la cobertura, después de su primer suministro de 30 días, no pagaremos estos medicamentos. incluso si ha sido miembro del plan por menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, lo haremos. cubrir un suministro de emergencia de 31 días de ese medicamento (a menos que tenga una receta escrita para menos días) mientras solicita una excepción al formulario.

Si experimenta un cambio en el nivel de atención, cubriremos un suministro de transición de sus medicamentos. Un cambio de nivel de atención ocurre cuando le dan el alta de un hospital o lo trasladan hacia o desde un centro de atención a largo plazo. En estos casos, proporcionaremos un suministro de emergencia de medicamentos que no están en el formulario (incluidos los

medicamentos de la Parte D que están en nuestro formulario pero que requieren autorización previa o terapia escalonada según nuestras reglas de administración de utilización). Este suministro de emergencia será para un suministro de 31 días, o menos si su receta está escrita para menos días. El suministro de emergencia es para garantizar que usted reciba sus medicamentos mientras se haya solicitado una excepción.

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de ArchCare Senior Life (PACE), consulte documentación del plan.

Si tiene alguna pregunta sobre ArchCare Senior Life (PACE), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Si tiene preguntas generales sobre su cobertura para medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite http://www.medicare.gov.

Formulario de ArchCare Senior Life (PACE)

El formulario abajo proporciona información acerca de la cobertura de los medicamentos que cubre ArchCare Senior Life (PACE). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 253.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (por ejemplo, COUMADIN), y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, *warfarin*).

La información incluida en la columna de Requisitos/límites indica si ArchCare Senior Life (PACE) tiene algún requisito especial para la cobertura del medicamento.

GUÍA DE ABREVIATURAS

PA – Se requiere autorización previa. Esto significa que usted o su médico deben obtener nuestra aprobación antes de surtir sus recetas para ciertos medicamentos. Si no obtiene la aprobación, es posible que no cubramos los medicamentos.

QL – Se aplican límites de cantidad. Para ciertos medicamentos, limitamos la cantidad que cubrirá el plan.

B/D – El plan determinará si este medicamento estará cubierto por la Parte B o la Parte D de Medicare según el motivo por el cual su médico lo recetó.

NM – No disponible en nuestras farmacias de pedidos por correo. No todos los medicamentos están disponibles para pedidos por correo; consulte con el servicio de atención al cliente si tiene alguna pregunta.

ST – Terapia escalonada. Esto significa que es posible que le solicitemos que pruebe primero ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección.

ArchCare Senior Life es un Programa de Cuidado Todo Incluido para Personas Mayores (PACE).

Puede solicitar esta información de forma gratuita en otros formatos, como Braille, letra grande, CD de datos, CD de audio o lector cualificado.

El formulario, la red de farmacias y la red de proveedores pueden cambiar en cualquier momento. Usted recibirá un aviso cuando sea necesario.

Discrimination is Against the Law

ArchCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ArchCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ArchCare

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact ArchCare Compliance at 800-443-0463, TTY 711

If you believe that ArchCare has failed to provide these services listed above or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: ArchCare Compliance at 800-443-0463, TTY 711, or email PACE1557grievances@archcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, ArchCare Compliance at 800-443-0463, TTY 711 is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available on-line at http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

ArchCare Senior Life (PACE) Language Assistance

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-866-263-9083 (TTY:711).	**English**
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-866-263-9083 (TTY:711).	**Spanish**
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-866-263-9083 (TTY:711).	**Chinese**
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم-1 866-263-9083 (TTY:711) .	**Arabic**
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 1-866-263-9083 (TTY:711) 번으로 연락해 주십시오.	**Korean**
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 1-866-263-9083 (TTY:711).	**Russian**
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 1-866-263-9083 (TTY:711).	**Italian**

ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 1-866-263-9083 (TTY:711).	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 1-866-263-9083 (TTY:711).	French Creole
אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט. רופט 1-866-263-9083 (TTY:711).	Yiddish
UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 1-866-263-9083 (TTY:711).	Polish
ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 1-866-263-9083 (TTY:711).	Tagalog
মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 1-866-263-9083 (TTY:711).-এ ফোন করুন।	Bengali
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 1-866-263-9083 (TTY:711).	Albanian

ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 1-866-263-9083 (TTY:711).	Greek
توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں 1-866-263-9083 (TTY:711)۔	Urdu

H4393_2025_Language Assistance Notice_C

Revised 3/2025

ArchCare Senior Life (PACE) Formulario

Efectivo 1 de septiembre de 2026

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg	1	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	1	
probenecid TABS 500mg	1	
MISCELLANEOUS		
a/f pain relief TABS 500mg	2	
acephen SUPP 120mg	2	
acetaminophen CAPS 500mg; CHEW 80mg, 160mg; LIQD 160mg/5ml, 166.67mg/5ml; SOLN 160mg/5ml; SUPP 325mg, 650mg; SUSP 80mg/0.8ml; TABS 325mg	2	
acetaminophen junior stre TBDP 160mg	2	
added strength pain relie	2	
adprin b	2	
adult aspirin regimen TBEC 81mg	2	
af-aspirin childrens CHEW 81mg	2	
ALKA-SELTZER TAB 325MG	2	
ALKA-SELTZER TAB 500MG	2	
anacin TBEC 81mg	2	
ANACIN TAB 400-30MG	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ANACIN TAB MAX STR	2	
APACET CHW 80MG CHEW 80mg	2	
arthritis pain reliever GEL 1%	2	
ASCRIPTIN TAB	2	
aspercreme arthritis pain GEL 1%	2	
aspir-low TBEC 81mg	2	
aspirin SUPP 300mg, 600mg; TABS 325mg, 500mg; TBEC 81mg, 325mg, 650mg	2	
ASPIRIN SUPP 300mg, 600mg; TBEC 650mg	2	
aspirin 81 TBEC 81mg	2	
aspirin adult low dose TBEC 81mg	2	
aspirin adult low strengt TBEC 81mg	2	
aspirin buffered tab 500 mg	2	
aspirin ec adult low dose TBEC 81mg	2	
aspirin ec low dose TBEC 81mg	2	
aspirin enteric coated ad TBEC 81mg	2	
aspirin low dose TBEC 81mg	2	
aspirin powder	2	
aspirin regimen TBEC 81mg	2	
aspirin-caffeine tab 400-32 mg	2	
BACK PAINOFF TAB	2	
bayer aspirin ec low dose TBEC 81mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
bayer chewable low dose CHEW 81mg	2	
bayer low dose TBEC 81mg	2	
BAYER PLUS TAB 500MG	2	
BAYER WOMENS TAB 81-300MG	2	
BC FAST PAIN POW RELIEF	2	
BC FAST PAIN POW RLF ARTH	2	
bufferin	2	
bufferin extra strength	2	
BUFFERIN TAB 500MG	2	
childrens acetaminophen SUSP 160mg/5ml	2	
CHLD NON-ASA TAB 80MG	2	
CRAMP TAB	2	
cvs aspirin adult low str TBEC 81mg	2	
cvs aspirin ec TBEC 81mg	2	
cvs aspirin low dose TBEC 81mg	2	
cvs aspirin low strength TBEC 81mg	2	
cvs diclofenac sodium GEL 1%	2	
diclofenac sodium (topical) GEL 1%	2	
DOANS EXTRA STRENGH TABS 500mg	2	
ecotrin low strength TBEC 81mg	2	
ECOTRIN LOW TAB 81MG EC	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ECOTRIN MAXIMUM STRENGTH TBEC 500mg	2	
ECOTRIN REGULAR STRENGTH TBEC 325mg	2	
eq arthritis pain GEL 1%	2	
eq arthritis pain relieve GEL 1%	2	
eq aspirin adult low dose TBEC 81mg	2	
eql aspirin low dose TBEC 81mg	2	
EXCEDRIN TAB	2	
extra strength bayer arth TBEC 500mg	2	
FEVERALL JUNIOR STRENGTH SUPP 325mg	2	
FEVERALL SUP 80MG SUPP 80mg	2	
ft arthritis pain GEL 1%	2	
gnp arthritis pain GEL 1%	2	
gnp aspirin TBEC 81mg	2	
gnp aspirin low dose TBEC 81mg	2	
gnp diclofenac sodium GEL 1%	2	
goodsense arthritis pain GEL 1%	2	
goodsense aspirin CHEW 81mg; TBEC 81mg	2	
goodsense aspirin low dos TBEC 81mg	2	
GOODYS POW EX ST	2	
h-e-b aspirin TBEC 81mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
HISTAFLEX TAB 325-25MG	2	
hm aspirin ec low dose TBEC 81mg	2	
HM PAIN REL DRO 80/0.8ML	2	
JOURNAVX TABS 50mg	1	QL (29 tabs / 14 days), PA
JR NON-ASA TAB 160MG QM	2	
kls arthritis pain relief GEL 1%	2	
kls aspirin low dose TBEC 81mg	2	
kls diclofenac sodium GEL 1%	2	
kp aspirin TBEC 81mg	2	
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	1	B/D
magnesium salicylate TABS 500mg	2	
MEDI-TABS TAB 500MG	2	
miniprin low dose TBEC 81mg	2	
mm aspirin TBEC 81mg	2	
motrin arthritis pain GEL 1%	2	
nicotine polacrilex LOZG 2mg	2	
PAIN RELIEF TAB	2	
painaid	2	
px enteric aspirin TBEC 81mg	2	
qc aspirin low dose TBEC 81mg	2	
qc diclofenac sodium GEL 1%	2	
ra antacid pain relief	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ra aspirin ec TBEC 81mg	2	
ra aspirin ec adult low s TBEC 81mg	2	
sb aspirin TBEC 81mg	2	
sb aspirin adult low stre TBEC 81mg	2	
sb low dose asa ec TBEC 81mg	2	
sm 8 hour pain relief TBCR 650mg	2	
sm arthritis pain GEL 1%	2	
sm aspirin adult low stre TBEC 81mg	2	
sm aspirin ec low strengt TBEC 81mg	2	
sm aspirin low dose TBEC 81mg	2	
st joseph aspirin TBEC 81mg	2	
st joseph low dose aspiri TBEC 81mg	2	
TEMPRA 3 CHW 160MG CHEW 160mg	2	
tgt acetaminophen melts c TBDP 80mg	2	
TYLENOL CAP 500MG CAPS 500mg	2	
TYLENOL CAPLETS TABS 325mg	2	
TYLENOL CHILDRENS SUSP 160mg/5ml	2	
TYLENOL ER TAB 650MG TBCR 650mg	2	
TYLENOL EXTRA STRENGTH LIQD 1000mg/30ml	2	
voltaren arthritis pain GEL 1%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
NSAIDS		
addaprin TABS 200mg	2	
advil junior strength CHEW 100mg; TABS 100mg	2	
aleve CAPS 220mg	2	
ALEVE TABS 220mg	2	
all day pain relief TABS 220mg	2	
celecoxib CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
celecoxib CAPS 400mg	1	QL (30 caps / 30 days)
CHILDRENS ADVIL SUSP 40mg/ml	2	
childrens ibuprofen SUSP 40mg/ml	2	
CHILDRENS MOTRIN JUNIOR S CHEW 100mg	2	
diclofenac potassium TABS 50mg	1	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
diflunisal TABS 500mg	1	
eq ibuprofen CAPS 200mg	2	
eql naproxen sodium CAPS 220mg	2	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
flurbiprofen TABS 100mg	1	
HCA IBUPROFE CAP SOFTGEL	2	
HM IBUPROFEN SUS 100/5ML	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
MOTRIN MIGRA TAB 200MG	2	
nabumetone TABS 500mg, 750mg	1	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	1	QL (120 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	1	
piroxicam CAPS 10mg, 20mg	1	
sb childrens ibuprofen SUSP 100mg/5ml	2	
sulindac TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
methadone hydrochloride i CONC 10mg/ml	1	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	1	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	1	
endocet tab 2.5-325mg	1	QL (360 tabs / 30 days)
endocet tab 5-325mg	1	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	1	QL (240 tabs / 30 days)
endocet tab 10-325mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL (150 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
hydromorphone hcl LIQD 1mg/ml	1	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	1	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
oxycodone hcl CONC 100mg/5ml	1	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	1	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	1	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	1	QL (240 tabs / 30 days)
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	1	QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ANTIMINTH SUS 250/5ML SUSP 250mg/5ml	2	
ARIKAYCE SUSP 590mg/8.4ml	1	NM, PA
ascarel SUSP 250mg/5ml	2	
atovaquone SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
aztreonam SOLR 1gm, 2gm	1	
BLUJEPA TABS 750mg	1	
CAYSTON SOLR 75mg	1	NM, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	1	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
colistimethate sodium SOLR 150mg	1	
dapsone TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
daptomycin SOLR 350mg, 500mg	1	
EMVERM CHEW 100mg	1	QL (12 tabs / year)
ertapenem sodium SOLR 1gm	1	
fosfomycin tromethamine PACK 3gm	1	
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	1	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
ivermectin TABS 3mg	1	QL (20 tabs / 90 days), PA
ivermectin TABS 6mg	1	QL (10 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	1	
linezolid SUSR 100mg/5ml	1	QL (1800 mL / 30 days)
linezolid TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
meropenem SOLR 1gm, 2gm, 500mg	1	
methenamine hippurate TABS 1gm	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	1	
nitazoxanide TABS 500mg	1	QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	1	
nitrofurantoin monohyd macro CAPS 100mg	1	
pentamidine isethionate inh SOLR 300mg	1	B/D
pentamidine isethionate inj SOLR 300mg	1	
polymyxin b sulfate SOLR 500000unit	1	
praziquantel TABS 600mg	1	
pyrimethamine TABS 25mg	1	QL (90 tabs / 30 days), PA
REESES PINWORM MEDICINE TABS 180mg	2	
streptomycin sulfate SOLR 1gm	1	
sulfadiazine TABS 500mg	1	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
tinidazole TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NM, PA
tobramycin NEBU 300mg/5ml	1	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	1	
trimethoprim TABS 100mg	1	
vancomycin hcl CAPS 125mg	1	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	1	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
amphotericin b SOLR 50mg	1	B/D
amphotericin b liposome SUSR 50mg	1	B/D
caspofungin acetate SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg	1	PA
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
flucytosine CAPS 250mg, 500mg	1	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
griseofulvin ultramicrosize TABS 125mg, 250mg	1	
itraconazole CAPS 100mg	1	QL (120 caps / 30 days)
ketoconazole TABS 200mg	1	PA
micafungin sodium SOLR 50mg, 100mg	1	
nystatin TABS 500000unit	1	
posaconazole TBEC 100mg	1	QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole SOLR 200mg	1	PA
voriconazole SUSR 40mg/ml	1	QL (600 mL / 28 days), PA
voriconazole TABS 50mg	1	QL (480 tabs / 30 days)
voriconazole TABS 200mg	1	QL (120 tabs / 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
mefloquine hcl TABS 250mg	1	
primaquine phosphate TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
quinine sulfate CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	1	NM
darunavir TABS 600mg	1	QL (60 tabs / 30 days), NM
darunavir TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NM
EDURANT PED TBSO 2.5mg	1	NM
efavirenz TABS 600mg	1	NM
emtricitabine CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
etravirine TABS 100mg, 200mg	1	NM
fosamprenavir calcium TABS 700mg	1	NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	NM
ISENTRESS HD TABS 600mg	1	NM

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
maraviroc TABS 150mg, 300mg	1	NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NM
PREZISTA SUSP 100mg/ml	1	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NM
rilpivirine hcl TABS 25mg	1	NM
ritonavir TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NM
SELZENTRY SOLN 20mg/ml	1	NM
SUNLENCA TABS 300mg; TBPK 300mg	1	NM
tenofovir disoproxil fumarate TABS 300mg	1	NM
TIVICAY TABS 50mg	1	NM
TIVICAY PD TBSO 5mg	1	NM
TROGARZO SOLN 200mg/1.33ml	1	NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NM

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	NM
BIKTARVY TAB 30-120-15 MG	1	NM
BIKTARVY TAB 50-200-25 MG	1	NM
CIMDUO TAB 300-300	1	NM
DELSTRIGO TAB	1	NM
DESCOVY TAB 120-15MG	1	NM
DESCOVY TAB 200/25MG	1	NM
DOVATO TAB 50-300MG	1	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	NM

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	NM
EVOTAZ TAB 300-150	1	NM
GENVOYA TAB	1	NM
IDVYNSO TAB 100-0.25	1	NM
JULUCA TAB 50-25MG	1	NM
KALETRA SOL	1	NM
lamivudine-zidovudine tab 150-300 mg	1	NM
lopinavir-ritonavir tab 100-25 mg	1	NM
lopinavir-ritonavir tab 200-50 mg	1	NM
ODEFSEY TAB	1	NM
PREZCOBIX TAB 675/150	1	NM
PREZCOBIX TAB 800-150	1	NM
STRIBILD TAB	1	NM
SYMTUZA TAB	1	NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	1	
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
pyrazinamide TABS 500mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NM, PA
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NM, ST
entecavir TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NM, PA
EPCLUSA PAK 200-50MG	1	NM, PA
EPCLUSA TAB 200-50MG	1	NM, PA
EPCLUSA TAB 400-100	1	NM, PA
famciclovir TABS 125mg, 250mg, 500mg	1	
ganciclovir sodium SOLR 500mg	1	B/D
lamivudine (hbv) TABS 100mg	1	NM
LIVTENCITY TABS 200mg	1	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NM, PA
MAVYRET TAB 100-40MG	1	NM, PA
oseltamivir phosphate CAPS 30mg	1	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	1	QL (84 caps / year)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
oseltamivir phosphate SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID PAK	1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NM, PA
PREVYMIS TABS 240mg, 480mg	1	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
valacyclovir hcl TABS 1gm, 500mg	1	
valganciclovir hcl SOLR 50mg/ml; TABS 450mg	1	
VOSEVI TAB	1	NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	1	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
cefepime hcl SOLR 1gm, 2gm	1	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
cefotetan disodium SOLR 1gm, 2gm	1	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftaroline fosamil SOLR 400mg, 600mg	1	
ceftazidime SOLR 1gm, 2gm, 6gm	1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1	
cefuroxime sodium SOLR 1.5gm, 750mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
tazicef SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml	1	
e.e.s. 400 TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate TABS 400mg	1	
erythromycin lactobionate SOLR 500mg	1	
fidaxomicin TABS 200mg	1	
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
moxifloxacin hcl TABS 400mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
ampicillin CAPS 500mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
dicloxacillin sodium CAPS 250mg, 500mg	1	
nafcillin sodium SOLR 1gm, 2gm, 10gm	1	
oxacillin sodium SOLR 1gm, 2gm, 10gm	1	
penicillin g potassium SOLR 5000000unit, 20000000unit	1	
penicillin g sodium SOLR 5000000unit	1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES		
doxy 100 SOLR 100mg	1	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
minocycline hcl CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NM
NUZYRA TABS 150mg	1	QL (30 tabs / 14 days), NM
tetracycline hcl CAPS 250mg, 500mg	1	
tigecycline SOLR 50mg	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	B/D, NM
BENDEKA SOLN 100mg/4ml	1	B/D, NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLN 1gm/5ml, 500mg/2.5ml; SOLR 1gm, 2gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D, NM
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	NM
LEUKERAN TABS 2mg	1	PA
lomustine CAPS 10mg, 40mg, 100mg	1	NM
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D
VIVIMUSTA SOLN 100mg/4ml	1	B/D, NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	1	B/D, NM
cytarabine SOLN 20mg/ml	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	QL (80 tabs / 28 days), NM, PA
mercaptopurine SUSP 2000mg/100ml	1	NM
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	QL (14 tabs / 28 days), NM, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D
TABLOID TABS 40mg	1	PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	1	QL (60 tabs / 30 days), NM, PA
abirtega TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	QL (60 tabs / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
anastrozole TABS 1mg	1	
bicalutamide TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	1	
exemestane TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	NM, PA
fulvestrant SOSY 250mg/5ml	1	B/D
INLURIYO TABS 200mg	1	QL (56 tabs / 28 days), NM, PA
letrozole TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	1	NM, PA
LIFYORLI CAP 125MG DS	1	QL (18 caps / 28 days), NM, PA
LIFYORLI CAP 150MG DS	1	QL (27 caps / 28 days), NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NM, PA
LYSODREN TABS 500mg	1	NM
megestrol acetate TABS 20mg, 40mg	1	
nilutamide TABS 150mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
NUBEQA TABS 300mg	1	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NM, PA
ORSERDU TABS 86mg	1	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate TABS 60mg	1	PA
VEPPANU TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
VEPPANU TABS 200mg	1	QL (30 tabs / 30 days), NM, PA
XTANDI CAPS 40mg	1	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	1	QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	1	QL (21 caps / 28 days), NM, PA
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg	1	QL (21 caps / 28 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	QL (2 syringes / 28 days), NM, PA
bexarotene CAPS 75mg	1	QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	1	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	1	B/D
hydroxyurea CAPS 500mg	1	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	QL (240 tabs / 30 days), NM, PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
MATULANE CAPS 50mg	1	NM
mesna TABS 400mg	1	
MODEYSO CAPS 125mg	1	QL (20 caps / 28 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
tretinoin (chemotherapy) CAPS 10mg	1	
WELIREG TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D, NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
paclitaxel inj 100mg	1	B/D, NM
vincristine sulfate SOLN 1mg/ml	1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	QL (30 tabs / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
AUGTYRO CAPS 40mg	1	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	1	QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	1	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
bortezomib SOLR 3.5mg	1	NM, PA
BOSULIF CAPS 50mg	1	QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	QL (30 tabs / 30 days), NM, PA
bosutinib TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
bosutinib TABS 400mg, 500mg	1	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	QL (180 caps / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
BRUKINSA CAPS 80mg	1	QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	1	QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	QL (112 tabs / 28 days), NM, PA
dasatinib TABS 20mg	1	QL (90 tabs / 30 days), NM, PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	QL (60 tabs / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
DAURISMO TABS 100mg	1	QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	1	QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	1	QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	QL (30 caps / 30 days), NM, PA
erlotinib hcl TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	1	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg, 5mg	1	QL (60 tabs / 30 days), NM, PA
everolimus TBSO 3mg	1	QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
gefitinib TABS 250mg	1	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	QL (30 tabs / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
GOMEKLI CAPS 1mg	1	QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	1	QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	1	QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NM, PA
HERCEPTIN SOLR 150mg	1	NM, PA
HERCESSI SOLR 150mg, 420mg	1	NM, PA
HERNEXEOS TABS 60mg	1	QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	1	NM, PA
HYRNUO TABS 10mg	1	QL (120 tabs / 30 days), NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	1	QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	QL (30 tabs / 30 days), NM, PA
imatinib mesylate TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	1	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	QL (30 caps / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
IMBRUVICA CAPS 140mg	1	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	1	QL (1 vial / 21 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	1	QL (1 vial / 42 days), NM, PA
KISQALI 200 DOSE TBPK 200mg	1	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	QL (63 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	1	QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	1	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	1	QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	1	QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	QL (180 tabs / 30 days), NM, PA
lapatinib ditosylate TABS 250mg	1	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	QL (60 caps / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	QL (140 tabs / 28 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
MEKINIST SOLR .05mg/ml	1	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NM, PA
NERLYNX TABS 40mg	1	QL (180 tabs / 30 days), NM, PA
nilotinib hcl CAPS 50mg	1	QL (120 caps / 30 days), NM, PA
nilotinib hcl CAPS 150mg, 200mg	1	QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NM, PA
OGSIVEO TABS 100mg, 150mg	1	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
pazopanib hcl TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
pazopanib hcl TABS 400mg	1	QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	1	QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	1	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	1	QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	1	QL (8 caps / 28 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ROZLYTREK CAPS 100mg	1	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	QL (120 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	QL (84 tabs / 28 days), NM, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	QL (840 tabs / 28 days), NM, PA
TAGRISSO TABS 40mg, 80mg	1	QL (30 tabs / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	1	QL (90 caps / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NM, PA
TECENTRIQ INJ HYBREZA	1	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	QL (60 tabs / 30 days), NM, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NM, PA
TRUQAP TABS 160mg, 200mg	1	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	1	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NM, PA
TUKYSA TABS 50mg, 150mg	1	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg, 50mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	QL (180 tabs / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
VENCLEXTA TAB START PK	1	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	1	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	1	QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	QL (8 tabs / 28 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	QL (8 tabs / 28 days), NM, PA
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NM, PA
ZOLINZA CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	QL (84 tabs / 28 days), NM, PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	1	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	1	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	1	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
disopyramide phosphate CAPS 100mg, 150mg	1	
dofetilide CAPS 125mcg, 250mcg, 500mcg	1	NM
flecainide acetate TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	QL (60 tabs / 30 days)
pacerone TABS 100mg, 200mg, 400mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
quinidine sulfate TABS 200mg, 300mg	1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	1	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	1	
gemfibrozil TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	1	
cholestyramine light PACK 4gm; POWD 4gm/dose	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
colesevelam hcl PACK 3.75gm; TABS 625mg	1	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	1	
ezetimibe TABS 10mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	1	
prevalite PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 5mg, 10mg	1	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	1	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	1	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	1	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr CP24 120mg, 180mg, 240mg	1	
diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine TB24 2.5mg, 5mg, 10mg	1	
isradipine CAPS 2.5mg, 5mg	1	
nicardipine hcl CAPS 20mg, 30mg	1	
nifedipine TB24 30mg, 60mg, 90mg	1	
nimodipine CAPS 30mg	1	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
chlorthalidone TABS 25mg, 50mg	1	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	1	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	1	
metolazone TABS 2.5mg, 5mg, 10mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	1	
digoxin TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	1	QL (180 caps / 30 days), NM, PA
epinephrine SOLN 1mg/ml	1	
guanfacine hcl TABS 1mg, 2mg	1	PA; PA applies if 65 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
ivabradine hcl TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	1	NM, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil TABS 2.5mg, 10mg	1	
ranolazine TB12 500mg, 1000mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	1	QL (30 caps / 30 days), NM, PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	1	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	QL (90 tabs / 30 days), NM, PA
alyq TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	1	QL (60 tabs / 30 days), NM, PA
bosentan TBSO 32mg	1	QL (120 tabs / 30 days), NM, PA
macitentan TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	1	QL (360 tabs / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
tadalafil (pulmonary hypertension) TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NM, PA
UPTRAVI TABS 200mcg	1	QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	1	QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	1	QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	1	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	1	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	1	QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	1	QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	1	QL (224 caps / 28 days), NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	1	
lorazepam CONC 2mg/ml	1	QL (150 mL / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
lorazepam SOLN 4mg/ml, 20mg/10ml	1	
lorazepam TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	1	QL (150 mL / 30 days)
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	1	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
NAMZARIC CAP 7-10MG	1	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
amoxapine TABS 25mg, 50mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days)
AUVELITY TAB TITRATIO	1	QL (2 packs / year)
bupropion hcl TABS 75mg, 100mg	1	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
bupropion hcl TB24 300mg	1	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	1	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	PA; PA applies if 65 years and older
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	QL (30 patches / 30 days), PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	1	QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	1	QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
imipramine hcl TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
paroxetine hcl SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	1	PA; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	1	
protriptyline hcl TABS 5mg, 10mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	1	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
vilazodone hcl TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	1	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	1	
benztropine mesylate SOLN 1mg/ml	1	
benztropine mesylate TABS .5mg, 1mg, 2mg	1	PA; PA applies if 65 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
carb/levo orally disintegrating tab 10-100mg	1	
carb/levo orally disintegrating tab 25-100mg	1	
carb/levo orally disintegrating tab 25-250mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
entacapone TABS 200mg	1	
INBRIJA CAPS 42mg	1	QL (300 caps / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
rasagiline mesylate TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
selegiline hcl CAPS 5mg; TABS 5mg	1	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	1	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	
asenapine maleate SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (60 tabs / 30 days), PA
BYSANTI TAB PACK A	1	QL (2 packs / year), PA
BYSANTI TAB PACK B	1	QL (2 packs / year), PA
BYSANTI TAB PACK C	1	QL (2 packs / year), PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine TABS 25mg, 50mg	1	
clozapine TABS 100mg	1	QL (270 tabs / 30 days)
clozapine TABS 200mg	1	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	1	PA
clozapine TBDP 100mg	1	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	1	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	QL (60 caps / 30 days)
COBENFY CAP 100-20MG	1	QL (60 caps / 30 days)
COBENFY CAP 125-30MG	1	QL (60 caps / 30 days)
COBENFY STRT CAP PACK	1	QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	QL (1 syringe / 28 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ERZOFRI SUSY 351mg/2.25ml	1	QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	1	QL (2 packs / year), PA
FANAPT PAK PACK B	1	QL (2 packs / year), PA
FANAPT PAK PACK C	1	QL (2 packs / year), PA
fluphenazine decanoate SOLN 25mg/ml	1	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	1	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	1	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	1	QL (60 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
LYBALVI TAB 5-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	QL (30 tabs / 30 days), NM, PA
olanzapine SOLR 10mg	1	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
paliperidone TB24 6mg	1	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	1	
pimozide TABS 1mg, 2mg	1	
quetiapine fumarate TABS 25mg	1	QL (180 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml	1	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	1	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg, 37.5mg, 50mg	1	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
VERSACLOZ SUSP 50mg/ml	1	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	1	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	1	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
brivaracetam SOLN 10mg/ml	1	QL (600 mL / 30 days), PA
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	1	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
clobazam SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
clobazam TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
diazepam inj SOLN 5mg/ml	1	
diazepam intensol CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
DILANTIN CAPS 30mg	1	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	QL (600 mL / 30 days), NM, PA
eslicarbazepine acetate TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	1	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
gabapentin CAPS 400mg	1	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
gabapentin TABS 600mg	1	QL (180 tabs / 30 days)
gabapentin TABS 800mg	1	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
lacosamide TABS 50mg	1	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	1	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
levetiracetam TB3D 250mg	1	QL (360 tabs / 30 days)
levetiracetam TB3D 500mg	1	QL (180 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
methsuximide CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units / 30 days)
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
perampanel SUSP .5mg/ml	1	QL (680 mL / 28 days), PA
perampanel TABS 2mg	1	QL (60 tabs / 30 days), PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
phenobarbital ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 65 years and older
phenytek CAPS 200mg, 300mg	1	
phenytoin CHEW 50mg; SUSP 125mg/5ml	1	
phenytoin sodium SOLN 50mg/ml	1	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	1	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
pregabalin CAPS 200mg	1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
pregabalin CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
pregabalin SOLN 20mg/ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	1	
relgaabi CAPS 300mg	1	QL (360 caps / 30 days)
relgaabi CAPS 400mg	1	QL (270 caps / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
roweepra TABS 500mg	1	
rufinamide SUSP 40mg/ml	1	QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	1	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	1	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	1	ST
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	1	
topiramate CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
topiramate SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
valproate sodium SOLN 100mg/ml, 250mg/5ml	1	
valproic acid CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs / 30 days)
vigabatrin PACK 500mg	1	QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	1	QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	1	QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	1	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ZTALMY SUSP 50mg/ml	1	QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	1	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
atomoxetine hcl CAPS 40mg	1	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	1	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl (adhd) TB24 3mg	1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
eszopiclone TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
ramelteon TABS 8mg	1	QL (30 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
tasimelteon CAPS 20mg	1	QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
zaleplon CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zaleplon CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 4mg/ml	1	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ergotamine w/ caffeine tab 1-100 mg	1	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	1	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	1	QL (12 units / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	1	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	1	QL (60 tabs / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
AUSTEDO XR TAB TITR KIT	1	QL (2 packs / year), NM, PA
lithium SOLN 8meq/5ml	1	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	1	
riluzole TABS 50mg	1	
tetrabenazine TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	1	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	1	QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
glatiramer acetate SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	1	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	1	
carisoprodol TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
cyclobenzaprine hcl TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
dantrolene sodium CAPS 25mg, 50mg, 100mg	1	
methocarbamol TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
methocarbamol TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
tizanidine hcl TABS 2mg, 4mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	1	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	1	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	1	QL (60 tabs / 30 days), PA
sodium oxybate SOLN 500mg/ml	1	QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	
acetadryl	2	
ADVIL PM TAB 200-38MG	2	
BAYER PM TAB 38.3-500	2	
bl headache pm	2	
BUFFERIN AF TAB NITETIME	2	
buprenorphine hcl SUBL 2mg	1	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	1	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (90 films / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (180 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	1	QL (60 tabs / 30 days)
COMMIT LOZG 2mg, 4mg	2	
compoz CAPS 50mg	2	
cvs nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	2	
cvs nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	2	
diphenhydramine hcl (sleep) TABS 25mg	2	
disulfiram TABS 250mg, 500mg	1	
doxylamine succinate (sleep) TABS 25mg	2	
eq sleep-aid nighttime CAPS 25mg	2	
eql ibuprofen pm	2	
eql sleep aid nighttime LIQD 50mg/30ml	2	
HCA NON-ASA TAB PM	2	
KLOXXADO LIQD 8mg/0.1ml	1	
naloxone hcl LIQD 4mg/0.1ml	2	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
NICOTINE SYS KIT TRANSDER	2	
NICOTROL NS SOLN 10mg/ml	1	
UNISOM TABS 25mg	2	
unisom sleepgels CAPS 50mg	2	
varenicline tartrate TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NM
zzzquil CAPS 25mg; LIQD 50mg/30ml	2	
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	1	
depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
testosterone pump GEL 1.62%	1	QL (150 gm / 30 days), PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	1	
dapagliflozin TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	1	QL (60 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	1	QL (60 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	1	QL (30 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	1	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC TABS 1.5mg, 4mg, 9mg	1	QL (30 tabs / 30 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
sitagliptin phosphate TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	1	QL (60 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	1	PA
CEQUR EXT WR MIS INSERTER	1	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	1	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	B/D

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	
INSULIN PEN NEEDLES: EMBECTA-BD	1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	1	PA
INSULIN SYRINGES: EMBECTA-BD	1	PA
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	1	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	1	
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
NOVOLOG PENFILL SOCT 100unit/ml	1	
NOVOLOG RELION SOLN 100unit/ml	1	B/D
OMNIPOD5 LIB KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	1	ST
alendronate sodium TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	1	QL (1 pen / 28 days), NM, PA
calcitonin (salmon) spray SOLN 200unit/act	1	B/D

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ibandronate sodium TABS 150mg	1	B/D
OSPOMYV SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	1	
risedronate sodium TBEC 35mg	1	ST
teriparatide SOPN 560mcg/2.24ml	1	QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	1	QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
TYMLOS SOPN 3120mcg/1.56ml	1	QL (1 pen / 30 days), NM, PA
WYOST SOLN 120mg/1.7ml	1	NM, PA
XTRENBO SOLN 120mg/1.7ml	1	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	
deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	1	NM, PA
kionex SUSP 15gm/60ml	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
LOKELMA PACK 5gm, 10gm	1	
penicillamine TABS 250mg	1	NM
sodium polystyrene sulfonate SUSP 15gm/60ml	1	
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
trientine hcl CAPS 250mg	1	NM, PA
ESTROGENS		
abigale	1	
abigale lo	1	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	1	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
fyavolv tab 0.5mg-2.5mcg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
fyavolv tab 1mg-5mcg	1	
jinteli	1	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
mimvey	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
yuvafem TABS 10mcg	1	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
fludrocortisone acetate TABS .1mg	1	
hydrocortisone TABS 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate SOLR 100mg	1	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	1	B/D
methylprednisolone TBPK 4mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	1	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
prednisolone SOLN 15mg/5ml	1	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
BD GLUCOSE CHEW 5gm	2	
BL GLUCOSE CHEW 4gm	2	
cvs glucose GEL 40%	2	
CVS GLUCOSE CHW FRUIT	2	
DEX4 CHEW 1gm	2	
DEX4 FAST ACTING GLUCOSE GEL 15gm/33gm; LIQD 15gm/59ml	2	
dextrose (diabetic use) CHEW 4gm, 5gm	2	
diazoxide SUSP 50mg/ml	1	
GLUCOSE LIQD 15gm/60ml	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
GLUCOSE LIQUID LIQD 15gm/59ml	2	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY 1mg/0.2ml	1	
INSTA-GLUCOSE GEL 77.4%	2	
RA TRUEPLUS GLUCOSE GEL 15gm/32ml	2	
walgreens glucose CHEW 4gm	2	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
A1C NOW KIT	2	
ACCU-CHECK TES COMFORT	2	
ACCU-CHEK KIT FASTCLIX	2	
ACTIDOSE-AQUA SUSP 15gm/72ml, 25gm/120ml, 50gm/240ml	2	
actidose/sorbitol	2	
ADJ LANCING MIS DEVICE	2	
ALDURAZYME SOLN 2.9mg/5ml	1	NM, PA
ASCENSIA MIS AUTODISC	2	
AUTOLET PLAT MIS 1.8MM	2	
betaine powder for oral solution	1	NM
BILI-LABSTIX TES STRIPS	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
cabergoline TABS .5mg	1	
carglumic acid TBSO 200mg	1	NM, PA
CERDELGA CAPS 84mg	1	NM, PA
CEREZYME SOLR 400unit	1	NM, PA
charcoal activated CAPS 260mg	2	
CHARCOAL ACTIVATED CAPS 280mg	2	
charcoal activated powder	2	
CHARCOAL POW	2	
charcocaps CAPS 260mg	2	
CHEMSTRIP TES UGK	2	
CHEMSTRIP-UG TES	2	
1ST CHOICE MIS LANCETS	2	
cinacalcet hcl TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CLINI-TEK MIS	2	
cvs charcoal CAPS 260mg	2	
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
desmopressin acetate SOLN 4mcg/ml; TABS .1mg, .2mg	1	
desmopressin acetate spray SOLN .01%	1	
desmopressin acetate spray refrigerated SOLN .01%	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
FABRAZYME SOLR 5mg, 35mg	1	NM, PA
GENOTROPIN CART 5mg, 12mg	1	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NM, PA
INCRELEX SOLN 40mg/4ml	1	NM, PA
INSTA-CHAR SUSP 25gm/240ml	2	
IOSAT TABS 130mg	2	
javygtor PACK 100mg, 500mg; TABS 100mg	1	NM, PA
kerr insta-char SUSP 25gm/120ml, 50gm/240ml	2	
lancets misc.*	2	
lancets*	2	
lanreotide acetate SOLN 120mg/0.5ml	1	NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NM, PA
mifepristone (hyperglycemia) TABS 300mg	1	NM, PA
multiple urine test strips*	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
NAGLAZYME SOLN 1mg/ml	1	NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	1	NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM, PA
POTASSIUM IODIDE SOLN 65mg/ml	2	
raloxifene hcl TABS 60mg	1	
RELION ALL- MIS IN-ONE	2	
requa activated charcoal CAPS 260mg	2	
REVCOVI SOLN 2.4mg/1.5ml	1	NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	1	QL (30 tabs / 30 days), NM, PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	1	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	1	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	1	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM, PA
SYNAREL SOLN 2mg/ml	1	PA
THYROSAFE TABS 65mg	2	
tolvaptan TABS 15mg, 30mg	1	NM, PA; (generic of JYNARQUE)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
tolvaptan TBPK 15mg	1	NM, PA
tolvaptan tab therapy pack 30 & 15 mg	1	NM, PA
tolvaptan tab therapy pack 45 & 15 mg	1	NM, PA
tolvaptan tab therapy pack 60 & 30 mg	1	NM, PA
tolvaptan tab therapy pack 90 & 30 mg	1	NM, PA
zelvysia PACK 100mg, 500mg	1	NM, PA
PROGESTINS		
gallifrey TABS 5mg	1	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	1	
megestrol acetate (appetite) SUSP 625mg/5ml	1	PA
norethindrone acetate TABS 5mg	1	
progesterone CAPS 100mg, 200mg	1	
THYROID AGENTS		
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liomny TABS 5mcg, 25mcg, 50mcg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	1	B/D
calcitriol (oral) SOLN 1mcg/ml	1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL		
ANTACIDS		
acid gone	2	
ACID GONE SUS	2	
acid relief	2	
alamag-plus	2	
aldroxicon i	2	
ALKA SELTZER TAB HEARTBRN	2	
ALKA-SELTZER CHW 750-80MG	2	
ALKA-SELTZER TAB GOLD	2	
alkets CHEW 500mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ALUMINUM HYDROXIDE SUSP 320mg/5ml, 600mg/5ml	2	
aluminum hydroxide gel SUSP 320mg/5ml	2	
aluminum hydroxide gel su SUSP 600mg/5ml	2	
antacid CHEW 1177mg	2	
antacid double strength	2	
antacid extra strength	2	
antacid ultra strength CHEW 1000mg	2	
BELL-ANS TAB 650MG TABS 650mg	2	
CALCIUM CARBONATE TABS 648mg, 650mg	2	
calcium carbonate (antacid) TABS 648mg, 650mg	2	
cvs antacid multi-symptom	2	
DEWEES CARMINATIVE SUSP 250mg/5ml	2	
eq antacid & anti-gas max	2	
FP FOMICON SUS	2	
GAVISCON CHW	2	
GAVISCON CHW EX-STR	2	
GAVISCON SUS	2	
GELUSIL CHW	2	
gnp calcium antacid child CHEW 400mg	2	
hm advanced antacid maxim	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
hm magnesium TABS 250mg	2	
hyvee advanced antacid ma	2	
longs acid relief extra s CHEW 750mg	2	
MAALOX MAX CHW 1000-60	2	
MAALOX QUICK DISSOLVE MAX CHEW 1000mg	2	
MAG-AL LIQ	2	
mag-caps CAPS 140mg	2	
MAG-OX 400 TAB 400MG TABS 400mg	2	
magaldrate SUSP 540mg/5ml	2	
magaldrate w/ simethicone susp 1080-30 mg/5ml	2	
MAGNESIUM CAPS 500mg	2	
MAGNESIUM OXIDE CAPS 400mg	2	
magnesium oxide TABS 400mg, 420mg	2	
maox TABS 420mg	2	
MI-ACID CHW	2	
MYLANTA CHW 400MG CHEW 400mg	2	
MYLANTA SUS	2	
MYLANTA SUS SUPREME	2	
RI-MAG SUSP 540mg/5ml	2	
RI-MAG PLUS SUS	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ROLAIDS CHW	2	
ROLAIDS CHW EX ST	2	
ROLAIDS MULT CHW SYMPTOM	2	
sodium bicarbonate (antacid) TABS 325mg, 650mg	2	
sodium bicarbonate powder*	2	
tgt antacid extra strengt	2	
tums CHEW 500mg	2	
TUMS CALCIUM FOR LIFE BON CHEW 750mg	2	
tums gas relief chewy bit	2	
URO MAG CAPS 140mg	2	
ANTI-DIARRHEAL		
abatinex CAPS 680mg	2	
ACIDOPHILUS WAFR 1mg	2	
ACIDOPHILUS CAP	2	
ACIDOPHILUS/ TAB CIT PECT	2	
anti-diarrheal CAPS 2mg; LIQD 1mg/5ml; SOLN 1mg/7.5ml; TABS 2mg	2	
bismuth subsalicylate CHEW 262mg; SUSP 525mg/15ml	2	
CULTURELLE CAPS 10bcell	2	
CULTURELLE CHW KIDS	2	
culturelle digestive heal	2	
culturelle kids PACK 5bcell	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
cvs acidophilus probiotic	2	
cvs anti-diarrheal SUSP 262mg/15ml	2	
cvs bismuth TABS 262mg	2	
cvs digestive probiotic CAPS 250mg	2	
flora assist	2	
florajen acidophilus	2	
FLORASTOR CAPS 250mg; PACK 250mg	2	
hm probiotic digestive he CAPS 20bcell	2	
imodium a-d SOLN 1mg/7.5ml	2	
IMODIUM A-D TABS 2mg	2	
IMODIUM A-D LIQ 1MG/5ML LIQD 1mg/5ml	2	
IMODIUM ADV TAB	2	
KAOLIN POW	2	
kaolin powder	2	
KAOPECTATE SUS 262/15ML	2	
KAOPECTATE SUS EX ST	2	
KAOPECTATE TAB	2	
lactinex	2	
LACTINEX CHW	2	
LACTINEX TAB	2	
lactobacillus acidophilus-pectin cap*	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
lactobacillus chew tab*	2	
LOPERAMIDE HYDROCHLORIDE SUSP 1mg/7.5ml	2	
MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm	2	
pepto-bismol to-go CHEW 262mg	2	
qc anti-diarrheal advance	2	
restore	2	
4X PROBIOTIC TAB	2	
ANTIEMETICS		
ambizine TABS 25mg	2	
aprepitant CAPS 40mg, 80mg, 125mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
BL MOTION SI TAB 25MG	2	
bonine CHEW 25mg	2	
compro SUPP 25mg	1	
dimenhydrinate TABS 50mg	2	
dronabinol CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
HCA MOT SICK TAB 50MG	2	
meclizine hcl TABS 12.5mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
meclizine hcl TABS 12.5mg, 25mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	1	QL (10 patches / 30 days)
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	PA; PA applies if 65 years and older
glycopyrrolate TABS 1mg	1	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	1	QL (120 tabs / 30 days)
DIGESTIVE AGENTS		
CVS DAIRY RELIEF EXTRA ST TABS 4500unit	2	
cvs lactase TABS 3000unit	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
dairy digestive ultra TABS 9000unit	2	
fast acting dairy aid TABS 9000unit	2	
FP DAIRY-REL TAB 3000UNIT	2	
gas-x prevention	2	
lactaid fast act CHEW 9000unit; TABS 9000unit	2	
sb lactase TABS 3000unit	2	
H2-RECEPTOR ANTAGONISTS		
acid controller TABS 10mg	2	
cimetidine tab 200 mg TABS 200mg	2	
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
gnp acid control 75 TABS 75mg	2	
gnp acid control 150 maxi TABS 150mg	2	
kls acid controller maxim TABS 20mg	2	
nizatidine CAPS 150mg, 300mg	1	
PEPCID AC TABS 10mg	2	
ZANTAC TAB 75MG	2	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	1	
budesonide CPEP 3mg	1	QL (90 caps / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
budesonide TB24 9mg	1	QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	1	
mesalamine CP24 .375gm	1	QL (120 caps / 30 days)
mesalamine CPDR 400mg	1	QL (180 caps / 30 days)
mesalamine ENEM 4gm	1	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	1	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	1	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	1	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg; TBEC 500mg	1	
LAXATIVES		
alophen TBEC 5mg	2	
benefiber	2	
benefiber on the go	2	
bisac-evac SUPP 10mg	2	
bl epsom salt	2	
bl laxative pills TABS 15mg, 25mg	2	
bl magnesium citrate	2	
bl mineral oil	2	
bl natural fiber POWD 48.57%	2	
calcium polycarbophil TABS 625mg	2	
CASTOR OIL OIL 100%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
castor oil stimulant laxa OIL 100%	2	
CELLOTHYL TAB 500MG TABS 500mg	2	
CEO-TWO SUP	2	
chocolated laxative CHEW 15mg	2	
CITRUCEL POW ORANGE	2	
clearlax	2	
COLACE CAPS 50mg	2	
colace 2-in-1	2	
colace adult SUPP 2.1gm	2	
COLACE CAP 100MG CAPS 100mg	2	
COLACE LIQ 150/15ML LIQD 150mg/15ml	2	
colace pediatric SUPP 1.2gm	2	
COLACE SYP 60/15ML SYRP 60mg/15ml	2	
constulose SOLN 10gm/15ml	1	
cvs enema disposable	2	
CVS EPSOM GRA SALT	2	
cvs fiber CAPS .52gm	2	
cvs fiber laxative POWD 30.9%	2	
cvs laxative dietary supp TABS 500mg	2	
cvs mineral oil	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
cvs mini enema kids ENEM 100mg/5ml	2	
cvs nat fiber laxative POWD 100%	2	
cvs natural daily fiber POWD 51.7%	2	
cvs natural fiber supplem PACK 58.6%	2	
cvs senna TABS 8.6mg	2	
daily fiber CAPS 400mg	2	
dietary fiber laxative POWD 28.3%	2	
diocto LIQD 150mg/15ml	2	
doculase	2	
docusate calcium CAPS 240mg	2	
docusate sodium CAPS 100mg, 250mg; SYRP 60mg/15ml; TABS 100mg	2	
docusol mini ENEM 283mg/5ml	2	
DULCOLAX TBEC 5mg	2	
dulcolax milk of magnesia SUSP 400mg/5ml	2	
eck soluble fiber POWD 2gm/19gm	2	
enemeez kids ENEM 100mg/5ml	2	
enemeez plus	2	
enulose SOLN 10gm/15ml	1	
EPSOM SALT GRA	2	
EPSOM SALT POW	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
eq daily fiber CAPS 400mg	2	
EQUALACTIN CHEW 625mg	2	
evac	2	
EX-LAX CHEW 15mg	2	
EX-LAX MILK SUS OF MAGNE	2	
FIBER LAX POW 95%	2	
fiber therapy POWD 25%	2	
FIBERCON TAB 625MG TABS 625mg	2	
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	2	
FLEET MINI ENEMA ENEM 10mg/30ml	2	
fleet pediatric	2	
fleet saline enema extra	2	
fp fiber laxative POWD 95%	2	
ft fiber supplement CAPS 400mg	2	
FV MINERAL OIL HEAVY	2	
GAVILAX PACK 8.5gm	2	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	1	
glycerin (laxative) SUPP 1gm, 2gm	2	
glycerin adult SUPP 80.7%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
gnp fiber powder POWD 43%	2	
goodsense clearlax POWD 17gm/scoop	2	
goodsense fiber TABS 500mg	2	
HCA BISACODY SUP 10MG	2	
HCA LAX-X TAB 25MG	2	
hm fiber POWD 51.7%	2	
HYDROCIL INS POW 95% PACK 95%	2	
KAOPECTATE STOOL SOFTENER CAPS 240mg	2	
KONSYL PACK 60.3%; POWD 60.3%, 71.67%	2	
KONSYL DAILY FIBER PACK 28.3%	2	
KONSYL POW 100%	2	
KONSYL-D POWD 52.3%	2	
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml	1	
laxmar POWD 33%	2	
magnesium sulfate granules	2	
metamucil CAPS .36gm	2	
metamucil 3-in-1 daily fi CAPS 400mg	2	
metamucil 4-in-1 fiber PACK 51.7%	2	
METAMUCIL MULTIHEALTH FIB PACK 58.12%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
METAMUCIL POW 28% CIT PACK 28%	2	
METAMUCIL POW 48.57%	2	
METAMUCIL POW 58.6 CIT PACK 58.6%	2	
METAMUCIL POW 58.6%	2	
METAMUCIL POW 63%	2	
METAMUCIL POW ORANGE POWD 33%	2	
METAMUCIL WAF	2	
milk of magnesia concentr SUSP 2400mg/10ml	2	
MINERAL OIL	2	
mineral oil (bulk)	2	
MINERAL OIL ENE	2	
MINERAL OIL LIGHT	2	
mineral oil light (bulk)	2	
MIRALAX PACK 17gm	2	
miralax POWD 17gm/scoop	2	
natural vegetable fiber POWD 63%	2	
osco natural fiber laxati PACK 28%	2	
PEDIA-LAX CHEW 400mg; LIQD 50mg/15ml; SUPP 1gm, 2.8gm	2	
pediatric enema	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
phillips TABS 500mg	2	
PLENVU SOL	1	
psyllium POWD 68%	2	
ra laxative extra strengt TABS 17.2mg	2	
reguloid CAPS 400mg	2	
senexon LIQD 8.8mg/5ml	2	
senna SYRP 176mg/5ml	2	
SENNA LEAVES MIS	2	
SENOKOT SYRP 8.8mg/5ml; TABS 8.6mg	2	
SENOKOT S TAB 8.6-50MG	2	
SENOKOT XTRA TABS 17.2mg	2	
sm fiber POWD 51.7%	2	
SM LAXATIVE TAB REGULAR	2	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	
SORBITOL SOLN 70%	2	
vacuant mini-enema ENEM 283mg	2	
vacuant plus mini-enema	2	
MISCELLANEOUS		
alka-seltzer anti-gas CAPS 125mg	2	
alosetron hcl TABS .5mg, 1mg	1	QL (60 tabs / 30 days), PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
anti gas CAPS 166mg	2	
BICARSIM TABS 80mg	2	
BICARSIM FORTE TABS 125mg	2	
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	1	
cvs gas relief drops extr LIQD 40mg/0.6ml	2	
cvs gas relief extra stre CHEW 125mg	2	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
EMETROL SOL	2	
GAS RELIEF CAP 125MG	2	
GAS-X CHEW 80mg	2	
gas-x extra strength CHEW 125mg	2	
GAS-X EXTRA STRENGTH STRP 62.5mg	2	
GATTEX KIT 5mg	1	NM, PA
hm anti-nausea	2	
kls acid controller compl	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
LITTLE TUMMY DRO 20/0.3ML	2	
loperamide hcl CAPS 2mg	1	
lubiprostone CAPS 8mcg, 24mcg	1	QL (60 caps / 30 days)
misoprostol TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
nexabiotic	2	
PEPCID CHW COMPLETE	2	
PHAZYME CAPS 180mg	2	
phazyme maximum strength CAPS 250mg	2	
PHAZYME MS CAP 166MG CAPS 166mg	2	
RELISTOR SOLN 12mg/0.6ml	1	QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	1	QL (28 syringes / 28 days), PA
sb anti-gas CAPS 180mg	2	
simethicone CHEW 80mg; TABS 80mg	2	
simethicone susp 40 mg/0. SUSP 40mg/0.6ml	2	
sucralfate TABS 1gm	1	
ursodiol CAPS 300mg; TABS 250mg, 500mg	1	
VOQUEZNA PAK DUAL PAK	1	QL (2 kits / year), PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
VOQUEZNA PAK TRIP PK	1	QL (2 kits / year), PA
VOWST CAP	1	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
acid reducer CPDR 20.6mg	2	
esomeprazole magnesium CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
heartburn treatment 24 ho CPDR 15mg	2	
lansoprazole CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	
omeprazole TBEC 20mg	2	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
PRILOSEC OTC TBEC 20mg	2	
rabeprazole sodium TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	1	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	1	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
tadalafil TABS 5mg	1	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
A + D PERSON MIS CARE WIP	2	
acetic acid SOLN .25%	1	
azo dine TABS 95mg	2	
azo dine maximum strength TABS 97.5mg	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
cvs disposable douche med SOLN .3%	2	
fq breathable adult brief	2	
GLYCINE POW	2	
phenazopyridine hcl TABS 100mg, 200mg	2	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
SUMMERS EVE SOL 0.3%	2	
URO-TRIN TAB 95MG TABS 95mg	2	
URINARY ANTISPASMODICS		
fesoterodine fumarate TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	1	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	1	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	1	QL (30 caps / 30 days)
tolterodine tartrate TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
af-miconazole 7 CREA 2%	2	
bl miconazole 3	2	
clindamycin phosphate vaginal CREA 2%	1	
CLOTRIMAZOLE CRE 2%	2	
clotrimazole vaginal CREA 1%	2	
cvs miconazole 3	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
GYNE-LOTRIMIN CREA 1%	2	
metronidazole vaginal GEL .75%	1	
miconazole 3 combination	2	
MICONAZOLE KIT 200MG/2%	2	
miconazole nitrate vaginal SUPP 100mg	2	
miconazole nitrate vaginal supp 1200 mg & 2% cream kit	2	
monistat 1-day OINT 6.5%	2	
MONISTAT 3 CREA 4%	2	
MONISTAT 3 KIT COMBINAT	2	
MONISTAT 7 CREA 2%; SUPP 100mg	2	
MONISTAT CARE INSTANT ITC CREA 1%	2	
qc 3 day vaginal cream CREA 4%	2	
sm 3-day vaginal CREA 2%	2	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	
TIOCONAZOLE OIN -1	2	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
dabigatran etexilate mesylate CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	1	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	1	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	1	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	1	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
HEP SOD/NACL INJ 25000UNT	1	
HEPARIN LOCK FLUSH SOLN 10unit/ml	2	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN SODIUM LOCK FLUSH SOLN 100unit/ml	2	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban SUSR 1mg/ml	1	QL (620 mL / 30 days)
rivaroxaban TABS 2.5mg	1	QL (60 tabs / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	1	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	1	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NM, PA
IRON		
abatron af	2	
ABATRON LIQ	2	
altorex CAPS 150mg	2	
BIFERA TAB 28MG	2	
bl iron	2	
cvs iron TABS 27mg	2	
eql carbonyl iron TABS 45mg	2	
EZFE 200 CAPS 200mg	2	
fe c	2	
fe c tab plus	2	
FE SULFATE POW	2	
fe tabs TBEC 325mg	2	
FEOSOL TABS 45mg	2	
feosol TABS 325mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
fer-in-sol SOLN 15mg/ml	2	
fer-iron SOLN 15mg/ml	2	
FERGON TABS 240mg	2	
FERGON TAB 320MG TABS 320mg	2	
FERRETTS TABS 325mg	2	
FERRETTS IPS SOLN 40mg/15ml	2	
FERRIMIN 150 TABS 150mg	2	
FERRO-SEQUEL TAB 65-25MG	2	
ferrocite TABS 324mg	2	
FERROUS FUMARATE TABS 29mg	2	
ferrous fumarate TABS 325mg	2	
ferrous gluconate TABS 320mg, 324mg	2	
FERROUS SULFATE LIQD 220mg/5ml; TABS 27mg; TBCR 140mg	2	
ferrous sulfate SOLN 220mg/5ml, 300mg/5ml; SYRP 300mg/5ml; TBCR 50mg; TBEC 324mg	2	
ferrous sulfate dried TBCR 160mg	2	
ferrous sulfate elixir 22 ELIX 220mg/5ml	2	
FERROUS SULFATE ELIXIR 22 ELIX 220mg/5ml	2	
ferrous sulfate iron TABS 200mg	2	
FOLITAB 500 TAB	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
FUSION CAP	2	
gnp iron TBCR 45mg	2	
hematron	2	
HEMOCYTE TABS 324mg	2	
ICAR PEDIATRIC SUSP 15mg/1.25ml	2	
ICAR-C TAB	2	
INTEGRA CAP	2	
iro-plex	2	
IRO-PLEX LIQ	2	
IRON TABS 28mg, 90mg, 256mg	2	
IRON 21/7 MIS	2	
IRON CHEWS PEDIATRIC CHEW 15mg	2	
iron combination elixir	2	
iron slow release TBCR 45mg	2	
IRON UP LIQD 15mg/0.5ml	2	
kp ferrous gluconate TABS 324mg	2	
NOVAFERRUM 50 CAPS 50mg	2	
NOVAFERRUM LIQ 125	2	
NOVAFERRUM PEDIATRIC DROP LIQD 15mg/ml	2	
PERFECT IRON TABS 25mg	2	
PROFE CAPS 180mg	2	
PROFERRIN ES TAB 12 MG	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
RA HIGH POTENCY IRON TABS 27mg	2	
ra slow release iron TBCR 47.5mg	2	
slow fe TBCR 45mg	2	
SLOW FE TBCR 160mg	2	
SM SLOW RELEASE IRON TBCR 143mg	2	
TANDEM CAP	2	
vitron-c	2	
wee care SUSP 15mg/1.25ml	2	
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	QL (90 tabs / 30 days), NM, PA
anagrelide hcl CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	QL (24 boxes / 30 days), NM, PA
cilostazol TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NM, PA
DOPTELET SPRINKLE CPSP 10mg	1	NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
HAEGARDA SOLR 2000unit	1	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	QL (20 vials / 30 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
icatibant acetate SOSY 30mg/3ml	1	QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	1	NM, PA
pentoxifylline TBCR 400mg	1	
sajazir SOSY 30mg/3ml	1	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg, 1000mg	1	
TAVNEOS CAPS 10mg	1	QL (180 caps / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	1	PA; PA applies if 65 years and older
prasugrel hcl TABS 5mg, 10mg	1	
ticagrelor TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	1	QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	1	QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	1	QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	1	QL (2 syringes / 28 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	QL (4 syringes / 28 days), NM, PA
EBGLYSS SOAJ 250mg/2ml	1	QL (20 pens / 365 days), NM, PA
EBGLYSS SOSY 250mg/2ml	1	QL (20 syringes / 365 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	1	QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	1	QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 pens / 28 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
HUMIRA PEN AJKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	1	NM, PA
KINERET SOSY 100mg/0.67ml	1	QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml, 90mg/ml	1	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	1	NM, PA
PYZCHIVA SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	1	NM, PA
RENFLEXIS SOLR 100mg	1	NM, PA
RINVOQ TB24 15mg, 30mg	1	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NM, PA
SKYRIZI SOSY 150mg/ml	1	QL (6 syringes / 365 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
SKYRIZI PEN SOAJ 150mg/ml	1	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	1	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
tofacitinib citrate SOLN 1mg/ml	1	QL (480 mL / 24 days), NM, PA
tofacitinib citrate TABS 5mg, 10mg	1	QL (60 tabs / 30 days), NM, PA
tofacitinib citrate TB24 11mg, 22mg	1	QL (30 tabs / 30 days), NM, PA
TREMFYA SOAJ 200mg/2ml	1	QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NM, PA
TREMFYA SOPN 100mg/ml	1	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	1	QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	1	QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	1	QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	1	QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	QL (4 pens / 28 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NM, PA
TYENNE SOSY 162mg/0.9ml	1	QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	1	NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	1	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	1	NM, PA
YESINTEK SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
leflunomide TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	1	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NM, PA
ARCALYST SOLR 220mg	1	NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	1	B/D, NM
azathioprine TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml	1	QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NM, PA
BENLYSTA SOSY 200mg/ml	1	QL (8 syringes / 28 days), NM, PA
cyclosporine CAPS 25mg, 100mg	1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	1	B/D, NM
gengraf CAPS 25mg, 100mg	1	B/D, NM
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	B/D, NM

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
INJECTABLE		
ANTI-COAGULANT FOR IV		
HEPARIN LOCK FLUSH SOLN 1unit/ml	2	
heparin sodium (porcine) lock flush SOLN 10unit/ml, 100unit/ml	2	
STERILE INJECTABLE		
water for injection	2	
water for iv injection	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
MISCELLANEOUS		
MISCELLANEOUS		
ACACIA POW	2	
acacia powder	2	
ACETAMIN POW	2	
ACETIC ACID SOLN 3%	2	
ALCOHOL SOL DENATURE	2	
ALLANTOIN POW	2	
almond oil (sweet)	2	
alum (ammonium) powder	2	
ALUM AMMONIU POW	2	
AMMONIUM GRA CHLORIDE	2	
ANISE FLAVOR OIL	2	
AQUABASE OIN	2	
ASCORBIC ACD POW	2	
BENZYL ALC LIQ	2	
BIOFLAVINOID POW LEMON	2	
BIOFLAVONOID POW CITRUS	2	
BISMUTH POW SUBNITRA	2	
BISMUTH SUBC POW	2	
bismuth subcarbonate powder	2	
bismuth subnitrate powder	2	
BL BORIC ACI POW	2	
BL GLYCERIN LIQ	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
BL PETROLEUM OIN JELLY	2	
BLENDED SUSP SUS COMPOUND	2	
boric acid powder	2	
BUBBLE GUM SYP	2	
calcium hydroxide powder	2	
CALCIUM POW SACCHARA	2	
CARBOMER POW 1342	2	
castor oil	2	
CASTOR OIL OIL 100%	2	
CETYL ALCOHO GRA	2	
CHERRY CON	2	
cherry syrup	2	
CHLOROFORM SOL	2	
chloroform soln	2	
CITRIC ACID GRA	2	
citric acid granules	2	
citric acid powder	2	
clove oil	2	
CLOVE OIL	2	
cocoa butter	2	
COCOA BUTTER LOT	2	
coconut oil	2	
collodion flexible	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
COLLODION LIQ FLEXIBLE	2	
COTTONSEED OIL	2	
CROTON OIL	2	
CRYSTAL LAKE LIQ WATER	2	
D-VITAMIN E POW SUCCINAT	2	
DELBASE OIN COMPOUND	2	
DL-MENTHOL CRY	2	
FATTYBLEND MIS	2	
FD&C BLUE #2 POW	2	
FD&C RED 40 POW	2	
FDC BLUE 1 POW AL LAKE	2	
FDC RED #40 POW AL LAKE	2	
FDC YELLOW 5 POW AL LAKE	2	
FERRIC POW SUBSULFA	2	
FLAVOR CONC LIQ GRAPE	2	
FULLERS POW EARTH	2	
glycerin liquid	2	
glycolic acid crystals	2	
GNP PETROLEU GEL JELLY	2	
GRAPE SEED OIL	2	
GREEN TEA EXTRACT LIQD 90%	2	
GRX WHITE OIN PETROLAT	2	
HYDROPHILIC OIN PETROLAT	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
hydrophilic ointment	2	
INDOLE-3- POW CARBINOL	2	
INOSITOL POW HEXANICO	2	
IODINE CRY	2	
karaya gum	2	
KARAYA GUM	2	
LACTIC ACID SOL	2	
LACTOSE POW	2	
lactose powder	2	
LIP BALM OIN NATURAL	2	
LIPOIL OIL	2	
LIPOVAN BASE CRE	2	
LOLLIBASE POW	2	
LOZIBASE MIS	2	
MANNITOL POW	2	
menthol crystals	2	
METHYLCELLULOSE GEL 2%, 3%	2	
methylcellulose powder	2	
NICE PURE POW BAK SODA	2	
ORA-HESIVE PST BASE	2	
oral vehicles**	2	
OXALIC ACID CRY	2	
oxalic acid crystals	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
PCCA MBK MIS FAT ACID	2	
PEG 1000 LIQ	2	
PERUVIAN LIQ BALSAM	2	
petrolatum ointment	2	
petrolatum, hydrophilic ointment	2	
PHOSPHATIDYL POW 20%	2	
PLURONIC GEL 20%, 30%	2	
POLYSORBATE SOL 20	2	
POT NITRATE GRA	2	
POT SORBATE CRY	2	
POTASSIUM HYDROXIDE SOLN 10%, 20%	2	
PROPYLENE GL SOL	2	
propylene glycol	2	
raspberry syrup	2	
RED YEAST POW RICE	2	
simple - syrup	2	
SOD BENZOATE POW	2	
SOD METABISU GRA	2	
SOD PERBORAT CRY	2	
SOD PROPION POW	2	
SOD SULFITE POW	2	
sodium benzoate powder	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
SODIUM BORAT POW	2	
SODIUM CITRA GRA	2	
sorbitol SOLN 70%	2	
STEVIA EXTRACT POWD 90%	2	
SULFUR POW	2	
SULFUR POW PRECIPIT	2	
SUSPENDOL-S LIQ	2	
TALC POW	2	
talc powder	2	
THYMOL CRY	2	
TROCHIBASE S MIS	2	
turpentine liq	2	
UNIBASE CRE	2	
UREA BEA	2	
VEEGUM MIS LUMP	2	
white petrolatum gel	2	
white petrolatum ointment	2	
WITEPSOL MIS	2	
ZINC CHLORID GRA	2	
ZINC OXIDE POW	2	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
BABY DARLNG POW PED ELEC	2	
buffered salt	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
CERALYTE 50 LIQ	2	
cerasport	2	
hm potassium TABS 595mg	2	
hydralife	2	
medi-lyte	2	
oral electrolyte for soln**	2	
oral electrolyte solution**	2	
osco potassium gluconate TABS 550mg	2	
POT GLUCONAT TAB 500MG	2	
potassium TABS 99mg	2	
potassium gluconate TABS 2meq	2	
POTASSIUM GLUCONATE TABS 550mg	2	
POTASSIUM GLUCONATE ER TBCR 595mg	2	
POTASSIUM TAB CHELATED	2	
REPLACE TAB SR	2	
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	1	
D5W/NACL INJ 0.2%	1	
D5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
D10W/NACL INJ 0.45%	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.3%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.225%	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
KCL/D5W/NACL INJ 0.15/0.2	1	
LACTATED RIN INJ	1	
lactated ringer's solution	1	
magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
multiple electrolytes ph 5.5	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	1	
klor-con 8 TBCR 8meq	1	
KLOR-CON 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
KLOR-CON 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	1	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
WESTAB PLUS TAB 27-1MG	1	
IV NUTRITION		
aminosyn ii soln 15%	1	B/D
AMINOSYN INJ 10%	1	B/D

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
AMINOSYN-PF INJ 10%	1	B/D
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
clinisol sf 15%	1	B/D
CLINOLIPID EMU 20%	1	B/D
COPPER SULF CRY	2	
dextrose SOLN 5%, 10%	1	
dextrose SOLN 50%	1	B/D
DEXTROSE 10% SOLN 10%	1	
DEXTROSE 70% SOLN 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
plenamine	1	B/D
PREMASOL SOL 10%	1	B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
MINERALS		
BEELITH TAB	2	
bl calcium 500/d	2	
bl calcium 600 + d	2	
bl calcium citrate+d	2	
bl calcium/magnesium/zinc	2	
bl magnesium TABS 250mg	2	
BONE MEAL TAB	2	
bone meal w/ vitamin d tab**	2	
CA GLUCONATE TAB 50MG	2	
CA HI-CAL/D TAB 500MG	2	
CA PHOS DIHY POW DIBASIC	2	
CA/MG TAB	2	
CA/MG/ZN TAB	2	
CAL CIT MAL/ TAB VITAMIND	2	
CAL-CITRATE TAB PLUS D	2	
CAL-LAC CAPS 500mg	2	
CAL-MAG COMP TAB	2	
CAL-MAG-ZINC TAB -D	2	
CAL-MAG-ZINC TAB VIT D3	2	
CAL-QUICK LIQ 500-400	2	
CAL/MAG TAB CHEW	2	
CAL/MAG/VITD TAB	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
CALC CHEWABL CHW 600 PLUS	2	
CALC CIT+D3 TAB 250-200	2	
CALC/MAGNES TAB 333-167	2	
CALC/VIT D3 CHW 200-200	2	
CALC/VIT D3 CHW DISNEY	2	
calcarb 600 TABS 1500mg	2	
calcarb 600/vitamin d	2	
CALCET CHW BITES	2	
CALCET PETIT TAB 200-250	2	
calci-chew CHEW 1250mg	2	
CALCI-CHEW CHEW 1250mg	2	
CALCI-MIX CAPS 1250mg	2	
calcio del mar TABS 1250mg	2	
calcitrate TABS 950mg	2	
calcium TABS 600mg	2	
calcium 500+d high potenc	2	
calcium 500/d	2	
calcium 600 + d	2	
calcium 600 mg w/ vitamin d tab	2	
calcium 600 with vitamin	2	
calcium 600-d	2	
calcium 1000 + d	2	
calcium 1200+d3	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
CALCIUM + D3 TAB	2	
CALCIUM CARB POW	2	
CALCIUM CARB TAB 600MG	2	
calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit)	2	
calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)	2	
calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)	2	
calcium carb-cholecalciferol tab 600 mg-3.125 mcg (125 unit)	2	
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit**	2	
calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit*	2	
CALCIUM CARBONATE CHEW 260mg; POWD 800mg/2gm	2	
calcium carbonate (antacid) SUSP 1250mg/5ml	2	
calcium carbonate powder	2	
calcium carbonate-ergocalciferol tab 500 mg-5 mcg (200 unit)	2	
**calcium carbonate-vit d*	2	
calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)	2	
calcium carbonate-vitamin d tab 500 mg-3.125 mcg (125 unit)	2	
calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
CALCIUM CIT/ TAB VIT D	2	
CALCIUM CITR TAB + D	2	
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 1040mg	2	
calcium citrate TABS 250mg	2	
calcium citrate + d3	2	
calcium citrate-vitamin d tab 1500 mg-200 unit	2	
calcium gluconate TABS 500mg, 650mg	2	
CALCIUM GLUCONATE TABS 500mg, 650mg	2	
calcium gluconate powder	2	
calcium gummies	2	
CALCIUM LACTATE TABS 100mg, 648mg, 750mg	2	
calcium lactate TABS 650mg	2	
calcium liquid caps	2	
calcium phos-cholecalcif chew tab 250 mg-12.5 mcg (500 unit)	2	
CALCIUM PLUS CAP VIT D	2	
CALCIUM SOFT CHW CARAMEL	2	
CALCIUM TAB 600MG	2	
CALCIUM TAB FORMULA	2	
calcium w/ magnesium tab 333-167 mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
calcium w/ magnesium tab 500-250 mg	2	
calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg	2	
calcium-carb 600 + d	2	
calcium-magnesium-zinc tab 333-133-8.3 mg	2	
calcium-magnesium-zinc tab 334-134-5 mg	2	
calcium-magnesium-zinc-vit d3 tab 333 mg-133 mg-5 mg-3.3 mcg	2	
calcium-magnesium-zinc-vit d3 tab 333 mg-133 mg-5 mg-5 mcg	2	
calcium-vitamin d tab 600 mg-5 mcg (200 unit)	2	
CALCIUM/C/D CHW 500MG	2	
CALCIUM/D3 CAP 600-2500	2	
CALCIUM/D TAB 600/200	2	
CALCIUM/MAGN TAB 250-155	2	
CALCIUM/VITD CAP 600-400	2	
CALTRATE 600 CHW 600-800	2	
CALTRATE 600 CHW +D PLUS	2	
caltrate 600+d plus miner	2	
CALTRATE + D TAB 300-800	2	
CALTRATE +D3 TAB 600-800	2	
caltrate gummy bites	2	
calvite p&d	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
CHELATED CALCIUM TABS 200mg	2	
CHELATED MG TAB 100MG TABS 100mg	2	
CHELATED MUL TAB MINERAL	2	
CITRACAL CAL CHW GUMMIES	2	
citracal calcium+d slow r	2	
CITRACAL TAB MAXIMUM	2	
CITRACAL TAB VIT D	2	
CITRACAL+D3 CHW 250-500	2	
CORAL CALCIU CAP	2	
CORAL CALCIU CAP 1000MG	2	
CORAL CAP CALCIUM	2	
cvs magnesium citrate CAPS 125mg	2	
cvs selenium TABS 200mcg	2	
cvs selenium natural TABS 100mcg	2	
cvs zinc LOZG 10mg	2	
600+d3 plus minerals	2	
DIASENSE MAGNESIUM TABS 241.3mg	2	
ECK HI-CAL TAB 500MG	2	
eq calcium 500+d	2	
eq calcium 600+d+minerals	2	
EQL CALCIUM CAP VIT D	2	
eql calcium gummies	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
eql calcium soft chews	2	
gnp calcium 500 +d3	2	
HCA ELEMENTA CAP MAGNESIU	2	
hca elemental magnesium CAPS 300mg	2	
HCA ZINC GLU TAB 50MG	2	
hm calcium 600 & vitamin	2	
iodine (kelp) TABS .15mg	2	
kp calcium 600+d3	2	
kp mag-oxide magnesium TABS 200mg	2	
LIQUID CALCI CAP WITH D3	2	
LOCALNESIUM TAB	2	
LOCALNESIUM TAB -C	2	
mag64 TBEC 64mg	2	
MAG CARBONAT POW	2	
MAG GLYCINATE TABS 100mg	2	
mag-200 TABS 200mg	2	
MAG-G TABS 500mg	2	
MAG-SR PLUS TAB CALCIUM	2	
mag-tab sr TBCR 84mg	2	
magbee	2	
magdelay TBEC 64mg	2	
MAGDELAY TBEC 70mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
MAGINEX TBEC 615mg	2	
MAGNEBIND TAB 200	2	
MAGNEBIND TAB 300	2	
MAGNESIUM CHEW 200mg; TABS 200mg	2	
magnesium TABS 30mg, 100mg	2	
magnesium chloride TBEC 64mg	2	
MAGNESIUM CITRATE TABS 100mg	2	
magnesium citrate (mg supplement) CAPS 125mg	2	
MAGNESIUM ELEMENTAL TABS 30mg	2	
MAGNESIUM GLUCONATE TABS 27.5mg, 250mg, 500mg, 550mg	2	
magnesium glycinate CAPS 100mg, 120mg	2	
magnesium lactate TBCR 7meq	2	
MAGNESIUM OXIDE CAPS 500mg; TABS 250mg	2	
magnesium oxide (mg supplement) CAPS 400mg; TABS 250mg, 400mg, 500mg	2	
MAGNESIUM SULFATE CAPS 70mg	2	
magnesium tab 200 mg	2	
magnesium tab 400 mg	2	
MAGONATE LIQ 1000/5ML	2	
mar-zinc TABS 220mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
MONOCAL TAB 3-250	2	
multiple minerals tab*	2	
NU-MAG TAB 71.5-119	2	
ORAZINC TABS 110mg	2	
os-cal	2	
OS-CAL TABS 1250mg	2	
OS-CAL TAB 500 + D	2	
OS-CAL ULTRA TAB	2	
OSTEO-PORETI TAB	2	
OYST SHELL/D TAB 250-125	2	
oyster shell TABS 500mg	2	
OYSTER SHELL CALCIUM TABS 250mg	2	
PARVA-CAL TAB 250-100	2	
PARVA-CAL TAB 500MG	2	
phos-nak powder concentra	2	
POSTURE-D TAB 600MG	2	
POSTURE-D TAB CALC/MAG	2	
potassium & sodium phosphates powder pack 280-160-250 mg	2	
RA CA/BORON TAB	2	
ra calcium 600 TABS 600mg	2	
RA OYS SHL/D TAB 500MG	2	
ra potassium/magnesium as	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
RISACAL-D TAB	2	
SE PLUS PROTEIN TABS 200mcg	2	
selenium TABS 50mcg	2	
SELENIUM TBCR 200mcg	2	
SELENIUM TAB 50MCG	2	
slow magnesium chloride/	2	
SLOW MAGNESIUM CHLORIDE/	2	
sm calcium plus/vitamin d	2	
SM CORAL CALCIUM TABS 1000mg	2	
SOD CHLORIDE GRA	2	
sodium chloride TABS 1gm	2	
SODIUM CHLORIDE TABS 1gm	2	
TR MAG COMPL CAP 400MG	2	
UPCAL D POW	2	
VIACTIV CHW CARAMEL	2	
ZINC LOZG 10mg	2	
zinc TABS 50mg	2	
ZINC 15 TABS 66mg	2	
zinc gluconate TABS 30mg, 50mg, 100mg	2	
ZINC SULFATE CAPS 50mg	2	
zinc sulfate CAPS 220mg; TABS 66mg	2	
ZINC SULFATE POW	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ZINC SULFATE POW GRANULAR	2	
ZINC SULFATE POW MONOHYD	2	
zinc sulfate powder	2	
MISCELLANEOUS		
ADULT OMEGA CHW PLUS DHA	2	
ADVERA LIQ CHOCOLAT	2	
ALBA-LYBE NR LIQ	2	
ALP HIGH3 CAP 600MG	2	
alpha betic CAPS 200mg	2	
ALPHA LIPOIC ACID CAPS 50mg, 200mg	2	
ALPHA-LIPOIC ACID TABS 100mg	2	
alpha-lipoic acid (thioctic acid) CAPS 100mg, 300mg, 600mg; TABS 100mg	2	
arginine CAPS 500mg; TABS 500mg	2	
ARGININE PACK 500mg; TABS 500mg	2	
ARGININE2000 PACK 2000mg	2	
ARGININE CAP 500 MG CAPS 500mg	2	
arginine oral powder	2	
arthx ds	2	
AZO CRANBERRY GUMMIES URI CHEW 250mg	2	
azo d-mannose CAPS 500mg	2	
BIO-FLAX CAPS 1000mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
bioginkgo 24/6 TABS 60mg	2	
bl flax seed oil CAPS 1000mg	2	
CHEW Q CHEW 30mg	2	
CHEW Q CHW 100MG	2	
CHEW Q CHW 600MG	2	
cidaflex	2	
cidatrine TABS 500mg	2	
CO Q10 TABS 100mg	2	
CO Q-10 CAPS 300mg	2	
CO-ENZYME WAF Q10/E	2	
COENZYME Q10 CHEW 60mg; LIQD 30mg/5ml; TABS 25mg, 50mg, 200mg	2	
coenzyme q10 (ubidecarenone) CAPS 10mg, 30mg, 50mg, 60mg, 75mg, 100mg, 150mg, 200mg, 400mg; TABS 25mg, 60mg	2	
COENZYME Q-10 CAPS 75mg	2	
COQ10/VIT E CAP 100-10	2	
COQ10/VIT E CAP 200-200	2	
COQ-10 TR CPCR 100mg	2	
COROMEGA EMU OMEGA 3	2	
COROMEGA MIS	2	
CRANBEREX CAPS 240mg	2	
CRANBERRY TABS 125mg, 400mg, 600mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
CRANBERRY (VACCINIUM MACR CAPS 400mg	2	
cranberry (vaccinium macrocarpon) CAPS 200mg, 250mg, 425mg; TABS 300mg, 450mg	2	
cranberry concentrate CAPS 500mg	2	
CRANBERRY EXTRACT TABS 250mg	2	
CRANBERRY FRUIT CAPS 465mg	2	
CRANBERRY HIGHLY CONCENTR CAPS 450mg	2	
CRANBERRY JUICE EXTRACT CAPS 1000mg	2	
CRANBERRY SOFT CHEWS CHEW 500mg	2	
cranberry ultra strength TABS 500mg	2	
CRANBERRY WOMENS HEALTH CAPS 215mg	2	
CRANBERRY WOMENS HEALTH F TBDP 125mg	2	
CVS CRANBERR CAP 4200MG	2	
cvs glucose liquid shot	2	
cvs l-lysine TABS 500mg	2	
cvs lutein CAPS 40mg	2	
cvs natural fish oil	2	
cvs quality sleep CAPS 10mg	2	
cyto arg	2	
CYTO-Q LIQD 80mg/10ml	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
cyto-q max LIQD 100mg/ml	2	
d-mannose CAPS 500mg	2	
DEXTROSE GRA ANHYDROU	2	
DIABETISWEET POW	2	
DL-METHIONIN POW	2	
emulsified omega-3	2	
eql lutein CAPS 20mg	2	
EQL OMEGA 3 CAP 1400MG	2	
eql omega 3 fish oil	2	
ESTROVEN TAB ENERGY	2	
FATIGUE REL TAB COMPLEX	2	
fish oil adult gummies	2	
FISH OIL CAP 150MG	2	
FISH OIL CAP 180MG	2	
FISH OIL CAP 183.33MG	2	
FISH OIL CAP 435MG	2	
FISH OIL CAP 900MG	2	
FISH OIL CAP 1360MG	2	
FISH OIL CHW 875MG	2	
fish oil maximum strength	2	
fish oil pearls	2	
FLAX SEED CAP 1300MG	2	
flaxseed (linseed) cap 1200 mg**	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
flaxseed (linseed) oral oil**	2	
flaxseed (linseed) oral powder**	2	
FLAXSEED OIL CAPS 1030mg	2	
FLAXSEED OIL CAP 1400MG	2	
FOLTANX RF CAP	2	
fp glucosamine	2	
GENNAMD CAPS 130mg	2	
GINKGO BILOB TAB PLUS	2	
ginkgo biloba CAPS 30mg, 60mg, 120mg; TABS 120mg	2	
GINKGO BILOBA CAPS 50mg, 100mg, 125mg, 200mg, 500mg; TABS 230mg	2	
GINKGO BILOBA EXTRACT CAPS 40mg	2	
GINKGO PHYTOSOME CAPS 80mg	2	
GLUCOS/CHOND TAB DOUBLE	2	
glucosamine chondroitin m	2	
**glucosamine-chondroitin-*	2	
GLUCOSE LIQ SHOT	2	
GLUTAMINE POW RAP RLS	2	
glutamine powder	2	
GNP FISH OIL CAP 840MG	2	
GOWEY TIN TINCTURE	2	
HM FISH OIL CAP 554MG	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
kp glucosamine chondroiti	2	
kp melatonin TABS 3mg	2	
L-ARGININE TABS 1000mg	2	
L-CARNITINE CAPS 250mg	2	
L-CYSTINE POW	2	
L-ISOLEUCINE POW	2	
L-LYSINE CAPS 500mg; TABS 600mg	2	
L-LYSINE HYDROCHLORIDE SOLN 100mg/ml	2	
L-TRYPTOPHAN TAB 500MG TABS 500mg	2	
L-TYROSINE POW	2	
L-VALINE POW	2	
LECITHIN GRA	2	
levocarnitine TABS 500mg	2	
LIPOIC ACID CAPS 150mg	2	
LIQ-10 SYP	2	
LIQ-10 SYRUP DOUBLE STREN LIQD 100mg/5ml	2	
LIQSORB LIQD 100mg/ml	2	
lutein CAPS 6mg; TABS 10mg	2	
LUTEIN TABS 6mg, 20mg	2	
lysine hcl TABS 1000mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
melatonin CAPS 5mg; LIQD 1mg/ml; TABS 1mg, 5mg; TBDP 3mg, 5mg	2	
MELATONIN LIQD 1mg/4ml; TABS 300mcg	2	
MELATONIN TAB 1-10MG	2	
MELATONIN TAB 3-10MG	2	
melatonin tr TBCR 10mg	2	
melatonin-pyridoxine tab 3-10 mg	2	
melatonin-pyridoxine tab 5-10 mg	2	
METANX CAP	2	
METHYLFOL/ME CAP CBL/P5P	2	
NAC CAPS 500mg	2	
nac CAPS 600mg	2	
NEOQ10 CAPS 125mg	2	
nutritional supplement liquid*	2	
odorless coated fish oil/	2	
OMEGA POWER CAP 1050MG	2	
OMEGA-3 CAP 350MG	2	
OMEGA-3 CAP FISH OIL	2	
omega-3 fatty acids CAPS 500mg	2	
OMEGA-3 IQ CHW 240MG	2	
OMEGAPURE CAP 780 EC	2	
prasterone (dhea) CAPS 25mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
PRASTERONE (DHEA) CAP 25 CAPS 25mg	2	
PREVAGEN CAPS 10mg	2	
PRO NUTRIENT CAP OMEGA3	2	
prosource no carb	2	
PROTO-CHOL CAP 1000MG CAPS 1000mg	2	
PURE L-CITRULLINE CAPS 600mg	2	
px fish oil	2	
Q-GEL CAPS 15mg	2	
q-up LIQD 30mg/5ml	2	
qunol coq10/ubiquinol/meg CAPS 100mg	2	
ra ginkgo biloba TABS 40mg	2	
ra l-arginine TABS 1000mg	2	
SALMON CAP 200MG	2	
SAW PALMETTO CAPS 1000mg; TABS 160mg	2	
saw palmetto (serenoa repens) CAPS 160mg, 450mg, 500mg	2	
SAW PALMETTO BERRIES CAPS 540mg, 585mg	2	
SAW PALMETTO CAP 450MG CAPS 450mg	2	
sm flax seed oil CAPS 1000mg	2	
sm ginkgo biloba TABS 60mg	2	
sodium saccharin powder	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
SUPER TWIN CAP EPA/DHA	2	
sv d-mannose CAPS 500mg	2	
THERACRAN HP CAPS 180mg	2	
THERACRAN HP FOR KIDS CHEW 50mg	2	
TRUEPLUS GEL GLUCOSE	2	
TRUEPLUS GLUCOSE CHEW 4gm	2	
tryptophan TABS 500mg	2	
ULTRA COQ10 CAPS 75mg	2	
valine powder	2	
VITALINE COQ10 TABS 60mg	2	
VITAMINS		
A THRU Z ADVANTAGE	2	
A THRU Z SELECT	2	
a-10000 CAPS 10000unit	2	
A/BETA CAROT TAB 25000UNT	2	
ABC COMPLETE TAB WOMEN	2	
abc-z -tr	2	
abdek	2	
ABDEK CAP	2	
abdek pediatric	2	
ACEROLA C-500 WAFR 500mg	2	
actiflovit ear health	2	
actitrom	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ACTIVE 55 LIQ PLUS	2	
ACTIVESSENT PAK	2	
ADEKS PEDIAT DRO	2	
ADLT ONE DLY CHW GUMMIES	2	
ADRENAL TAB CALM	2	
50+ ADULT EYE HEALTH	2	
ADVANCED CA/ TAB D/MAGNES	2	
AIRBORNE LOZ	2	
ALIVE MULTI CHW CHILDRNS	2	
ALLBEE-T TAB	2	
alph-e-mixed CAPS 200unit	2	
alph-e-mixed 1000 CAPS 1000unit	2	
AMINO-MIN-D CAP	2	
animal chewable multiple	2	
animal chews	2	
ANIMAL SHAPE CHW IRON	2	
animal shapes plus extra	2	
ANTIOXIDANT CAP	2	
ANTIOXIDANT CHW VITAMINS	2	
antioxidant pack	2	
APATATE LIQ	2	
apetex	2	
APETIGEN SOL PLUS	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
APETIGEN TAB PLUS	2	
apetigen-plus	2	
apetonic	2	
APPEAREX TABS 2.5mg	2	
AQUA-E LIQD 75unit/ml	2	
AQUASOL E SOLN 15unit/0.3ml	2	
AQUASOL E CAP 100IU CAPS 100iu	2	
AQUASOL E CAP 400IU CAPS 400iu	2	
aquavit-e SOLN 15unit/0.3ml	2	
aqueous vitamin e SOLN 15mg/0.67ml	2	
ASCOCID POW	2	
ASCOCID-1000 TAB	2	
ascorbic acid CHEW 100mg, 250mg, 500mg; CPCR 500mg; LIQD 500mg/5ml; SYRP 500mg/5ml; TABS 100mg, 250mg, 500mg, 1000mg; TBCR 500mg, 1000mg, 1500mg	2	
ascorbic acid oral crystals	2	
AVAIL TAB	2	
b complete	2	
B COMPLEX +C TAB TR	2	
b complex maxi	2	
B COMPLEX TAB FORM #1	2	
B COMPLEX/FO TAB	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
B-1 TABS 500mg	2	
B-6 TABS 500mg	2	
B-12 CAPS 1000mcg; LOZG 1000mcg; TABS 2000mcg, 2500mcg	2	
B-12 DOTS TBDP 500mcg	2	
B-12 DUAL SPECTRUM TBCR 5000mcg	2	
b-12 quick dissolve SUBL 1000mcg, 3000mcg	2	
b-12 super strength LIQD 5000mcg/ml	2	
b-12 tr TBCR 2000mcg	2	
b-100	2	
B-100 COMPLX TAB	2	
b-100 tr	2	
b-complex vitamin cap*	2	
b-complex vitamin elixir*	2	
b-complex vitamin sublingual liquid*	2	
b-complex w/ c & e + zn tab**	2	
b-complex w/ c cap*	2	
b-complex w/ c tab er*	2	
b-complex w/ c tab*	2	
b-complex w/ folic acid tab*	2	
**b-complex w/ minerals ta*	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
B-NATAL LOZG 25mg; LPOP 25mg	2	
baby ddrops LIQD 400ut/0.028ml	2	
baby super daily d3 LIQD 400ut/0.028ml	2	
baby vitamin	2	
baby vitamin/iron	2	
BALANCE B-50 TAB	2	
BETA CAROTEN CAP 25000UNT	2	
beta carotene CAPS 25000unit	2	
BIO-D-MULSION LIQD 400unt/0.04ml	2	
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	2	
bioflavonoid products cap*	2	
bioflavonoid products chew tab*	2	
bioflavonoid products tab er*	2	
bioflavonoid products tab*	2	
BIOTIN CAPS 1mg	2	
biotin CAPS 10mg, 2500mcg, 5000mcg; TABS 300mcg, 1000mcg	2	
BIOTIN FORTE TAB	2	
BIOTIN FORTE TAB /ZINC	2	
BIOVOL SYP	2	
bl brewers yeast	2	
bl niacin tr TBCR 250mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
bl prenatal vitamins	2	
BPROTECT PED DRO TRI-VITE	2	
C-BUFF POW	2	
CA CITRATE TAB PLUS	2	
CAL-CITRATE CAPS 150mg	2	
CALCI-MAX CAP	2	
calcidol SOLN 200mcg/ml	2	
calcium ascorbate TABS 500mg	2	
CALCIUM PANTOTHENATE TABS 500mg	2	
CARDIOTEK TAB	2	
CATEMINE TAB	2	
centrum kids complete	2	
CENTRUM SPEC PAK PRENATAL	2	
CHILDRENS CHW COMPLETE	2	
CHLORELLA CAP	2	
cholecalciferol CAPS 10000unit; CHEW 2000unit; TABS 10000unit; TBDP 5000unit	2	
CHROMIUM PIC TAB 500MCG	2	
CL PRENATAL TAB 28-0.8MG	2	
cobalamin combination sl tab**	2	
cobalamin combination tab**	2	
COD LIVER OIL	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
cod liver oil cap**	2	
cod liver oil**	2	
complex b-100	2	
CONCEPTIONXR MIS MOTILITY	2	
crush vitamin c drops LOZG 60mg	2	
CVS B12 CHEW 2500mcg	2	
cvs b-12 LIQD 1000mcg/15ml; TBDP 1500mcg	2	
cvs childrens vitamin d f CHEW 400unit	2	
cvs d3 CAPS 400unit, 1000unit, 2000unit, 5000unit; CHEW 1000unit	2	
cvs e oil OIL 100unt/0.25ml	2	
cvs niacin TABS 100mg	2	
cvs niacin flush free	2	
CVS PRENATAL TAB 27-0.8MG	2	
cyanocobalamin LOZG 500mcg; SOLN 1000mcg/ml; SUBL 2500mcg; TABS 50mcg, 100mcg, 250mcg, 500mcg, 1000mcg, 2000mcg; TBCR 1000mcg	2	
CYTO B2 POWD 343mg/gm	2	
D3 DOTS TBDP 2000unit	2	
d3 maximum strength LIQD 5000unit/ml	2	
d3 vitamin LIQD 400unit/ml	2	
d3-50 CAPS 50000unit	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
d 400 TABS 400unit	2	
d 1000 TABS 1000unit	2	
d 2000 TABS 2000unit	2	
D-BIOTIN CAP 10MG CAPS 10mg	2	
d-vi-sol LIQD 400unit/ml	2	
DAILY MULTI TAB VIT/IRON	2	
ddrops LIQD 1000ut/0.028ml, 2000ut/0.028ml	2	
DECARA CAPS 25000unit	2	
DEKAS CAP ESSENTIA	2	
DEKAS LIQ ESSENTIA	2	
DEKAS PLUS LIQ	2	
dialyvite 800	2	
DIALYVITE WAF PLUS D	2	
DIALYVITE/ TAB ZINC	2	
DINO-LIFE CHW IRON-ZIN	2	
DRISDOL SOLN 8000unit/ml	2	
dry e-synthetic TABS 400unit	2	
E600 CAPS 600unit	2	
e-oil OIL 45mg/0.25ml	2	
endur-acin TBCR 750mg	2	
endur-amide TBCR 500mg	2	
ENDUR-AMIDE TBCR 750mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ENDURACIN TAB 500MG SR TBCR 500mg	2	
ENFAMIL MIS EXPECTA	2	
EQL AIR PROTECTOR	2	
eql b complex	2	
eql gummies childrens	2	
eql niacin flush free CAPS 500mg	2	
ergocalciferol CAPS 50000unit	2	
ESTROFACTORS TAB	2	
EZFE FORTE CAP	2	
fa-8 CAPS .8mg; TABS 800mcg	2	
FLINTSTONES CHW COMPLETE	2	
FLINTSTONES CHW TODDLER	2	
FOLGARD TAB	2	
FOLIC + B12 TAB	2	
folic acid CAPS 5mg; SOLN 5mg/ml; TABS 1mg, 400mcg	2	
FOLIC ACID CAPS 20mg	2	
FOLIC ACID TAB 400MCG	2	
FOLTABS 800 TAB	2	
fruit c 200	2	
FV VITAMIN E TAB 200IU TABS 200iu	2	
GERIATRIC LIQ VITAMIN	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
GERITOL LIQ TONIC	2	
GEVRABON LIQ	2	
GNP DAILY MIS PRENATAL	2	
gnp niacin TABS 250mg	2	
gnp vitamin b1 TABS 100mg	2	
gnp vitamin d super stren TABS 5000unit	2	
HARD NAILS CAPS 2.5mg	2	
HCA NIACIN TAB 250MG TR	2	
HCA VIT B12 TAB 500MCG	2	
HCA VIT C CHW 250MG	2	
HCA VIT C CHW 500MG	2	
HONEY BEARS CHW	2	
hydroxocobalamin acetate SOLN 1000mcg/ml	2	
ICAPS LUTEIN TAB ZEAXANTH	2	
immune system booster	2	
iron w/ vitamin liq*	2	
k 100 TABS 100mcg	2	
KEY-E CHEW 400unit	2	
kp folic acid TABS 1mg	2	
kp niacin TABS 500mg	2	
kp vitamin e CAPS 100unit	2	
KPN PRENATAL TAB	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
lexinal TABS 2.5mg	2	
LIQUI C LIQ 500/5ML LIQD 500mg/5ml	2	
liqui-e LIQD 400unit/15ml	2	
LIQUID C LIQ	2	
MEPHYTON TABS 5mg	2	
METHISCOL CAP	2	
methylcobalamin SUBL 1000mcg; TBDP 5000mcg	2	
MIL-A-MULSIO EMU	2	
MTERYTI TAB	2	
MTERYTI TAB FOLIC 5	2	
multi-delyn	2	
MULTI-DELYN LIQ /IRON	2	
multiple vitamin cap*	2	
multiple vitamin tab*	2	
multiple vitamins w/ calcium tab*	2	
**multiple vitamins w/ min*	2	
multiple vitamins w/ minerals tab*	2	
MVW COMPLETE DRO PEDIATRI	2	
NANOVM POW 1-3 YRS	2	
NASCOBAL SOLN 500mcg/0.1ml	2	
nat-rul antioxidants c+e	2	
NEPHRO-VITE TAB RX	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
NEPHRONEX LIQ 0.9/5ML	2	
nestrex TABS 25mg	2	
niacin CPCR 125mg, 250mg, 500mg; TABS 50mg; TBCR 1000mg	2	
NIACIN FLUSH-FREE EXTRA S CAPS 750mg	2	
niacin tab cr 500 mg TBCR 500mg	2	
NIACIN TR TBCR 1000mg	2	
niacinamide TABS 500mg	2	
NIACINOL CAPS 500mg	2	
NICOBID CAP 125MG CR CPCR 125mg	2	
NICOBID CAP 250MG CR CPCR 250mg	2	
NICOBID CAP 500MG CR CPCR 500mg	2	
ONE A DAY CAP PRENATAL	2	
OPTIMAL D3 M CAPS 14000unit	2	
P D NATAL/FA TAB	2	
PALMITATE-A TABS 15000unit	2	
**pediatric multiple vitam*	2	
pediatric multiple vitamin w/ minerals & c chew tab 60 mg*	2	
pediatric multiple vitamins w/ iron chew tab 12 mg*	2	
pediatric multiple vitamins w/ iron chew tab*	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
phytonadione SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg	2	
poly-c	2	
POLY-VI-SOL SOL 50MG/ML	2	
POLY-VI-SOL SOL IRON	2	
PRENAT MULTI CAP +DHA	2	
PRENATAL CAP FORMULA	2	
PRENATAL DHA PAK MULTI	2	
PRENATAL FRM TAB A-FREE	2	
PRENATAL GUM CHW 0.4-32.5	2	
PRENATAL TAB	2	
pyridoxine hcl TABS 50mg, 100mg, 250mg	2	
qc b-complex + vitamin c	2	
RA VITAMIN B-1 TABS 100mg	2	
RA VITAMIN B-12 LIQD 1000mcg/ml	2	
ra vitamin e CAPS 200unit	2	
ra vitamin e natural CAPS 1000unit	2	
RENAL CAPS	2	
REPLESTA WAFR 50000unit	2	
REPLESTA CHILDRENS WAFR 14000unit	2	
riboflavin TABS 25mg, 50mg, 100mg	2	
RIBOFLAVIN TABS 400mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
SCOOBY-DOO CHW	2	
SESAME ST CHW VITAMINS	2	
SLO-NIACIN TBCR 750mg	2	
SM B-COMPLEX TAB /VIT C	2	
sm biotin TABS 5000mcg	2	
SM VITAMIN D3 MAXIMUM STR CAPS 4000unit	2	
STRESS B CMP TAB /C TR	2	
STRESSCAPS CAP	2	
STUART ONE CAP	2	
SUPER DAILY D3 LIQD 1000unt/0.03ml	2	
SUPERIORSOURCE K1 TBDP 500mcg	2	
sv b12 SUBL 500mcg	2	
sv b12 extra strength fas SUBL 5000mcg	2	
sv b12 fast dissolve TBDP 5000mcg	2	
th b complex/iron/vitamin	2	
THER B COMPL TAB W/C	2	
THERA MULTI LIQ	2	
THERA-D 4000 TABS 4000unit	2	
THERANATAL CAP ONE	2	
THERANATAL MIS COMPLETE	2	
THERANATAL PAK OVAVITE	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
thiamine hcl SOLN 100mg/ml; TABS 50mg, 100mg, 250mg, 500mg	2	
TRI-VI-SOL SOL A/C/D	2	
TRI-VITE PEDIATRIC	2	
true vitamin e CAPS 180mg	2	
upspring baby vitamin d LIQD 400ut/0.025ml	2	
VICKS VITAMIN C DROPS LOZG 60mg	2	
VIT C+ZINC TAB 15-60MG	2	
VITA-C CRY	2	
VITACRAVES CHW +OMEGA-3	2	
VITAMAX CHW	2	
vitamin a CAPS 8000iu; TABS 10000iu	2	
VITAMIN A CAP 8000UNIT	2	
VITAMIN B12 LIQD 3000mcg/ml	2	
VITAMIN B 12 LOZG 250mcg	2	
VITAMIN B-12 LOZG 50mcg	2	
VITAMIN B-12 SUB 1000MCG SUBL 1000mcg	2	
VITAMIN C SYRP 500mg/5ml; TABS 100mg	2	
VITAMIN C SOL	2	
VITAMIN D CAPS 400unit, 2000unit	2	
VITAMIN D2 TABS 400unit, 2000unit	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
VITAMIN D3 LIQD 1000unit/spray, 1200unit/15ml; TABS 3000unit	2	
VITAMIN D3 IMMUNE HEALTH LIQD 25mcg/10ml	2	
vitamin d3 ultra potency TABS 1250mcg	2	
vitamin e CAPS 90mg, 400iu, 450mg; OIL 100unt/0.25ml; TABS 200iu	2	
VITAMIN E CHEW 400unit; TABS 100unit, 200unit, 400unit	2	
vitamin e-100 TABS 100unit	2	
vitamin e/d-alpha natural CAPS 268mg	2	
VITAMIN K TABS 100mcg	2	
VITAMIN K2 TABS 40mcg	2	
vitamin mixture tab*	2	
vitamins a & d cap**	2	
vitamins a & d tab**	2	
vitamins w/ lipotropics cap*	2	
ZINC & C LOZ 20-120MG	2	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	1	
besifloxacin hcl SUSP .6%	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
moxifloxacin hcl (ophth) SOLN .5%	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin (ophth) SOLN .3%	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	1	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	1	
XDEMVY SOLN .25%	1	NM, PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
diclofenac sodium (ophth) SOLN .1%	1	
difluprednate EMUL .05%	1	
fluorometholone (ophth) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
ketorolac tromethamine (ophth) SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
prednisolone acetate (ophth) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
alaway SOLN .035%	2	
altazine moisture relief SOLN .05%	2	
azelastine hcl (ophth) SOLN .05%	1	
cromolyn sodium (ophth) SOLN 4%	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
cvs olopatadine hydrochlo SOLN .2%	2	
eye allergy itch relief SOLN .2%	2	
eye allergy itch/redness SOLN .1%	2	
gnp olopatadine hydrochlo SOLN .1%, .2%	2	
hm eye allergy itch/redne SOLN .1%	2	
naphcon-a	2	
olopatadine hcl SOLN .1%, .2%	2	
OPCON-A SOL OP	2	
pataday SOLN .1%, .2%	2	
pataday extra strength SOLN .7%	2	
tgt eye allergy relief	2	
VISINE SOLN .05%	2	
ZERVIATE SOLN .24%	1	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	1	
brimonidine tartrate SOLN .2%	1	
brinzolamide SUSP 1%	1	ST
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
latanoprost SOLN .005%	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	1	
pilocarpine hcl SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
adsorbonac SOLN 5%	2	
advanced eye relief dry e	2	
ak-rinse	2	
AKWA TEARS OIN OP	2	
ALCON SALINE SOL SEN EYES	2	
altalube	2	
20/20 artificial tears	2	
artificial tears SOLN 1.4%	2	
ATROPINE SULFATE SOLN 1%	1	
atropine sulfate (ophthalmic) SOLN 1%	1	
biolle gel tears GEL 1%	2	
biolle tears SOLN .5%	2	
BLINK TEARS LUBRICATING E SOLN .25%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
COLLYRIUM SOL OP	2	
cvs gentle lubricant eye SOLN .3%	2	
cvs lubricant eye drops SOLN .5%	2	
cvs lubricant gel drops GEL 1%	2	
CYSTADROPS SOLN .37%	1	NM, PA
CYSTARAN SOLN .44%	1	NM, PA
DAKRINA SOL 2.7-2%	2	
eq artificial tears	2	
eq lubricant eye drops hi	2	
EYE STREAM SOL OP	2	
EYSUVIS SUSP .25%	1	
GENTEAL GEL	2	
GENTEAL MILD TO MODERATE SOLN .3%	2	
GENTEAL SEVERE GEL .3%	2	
genteal tears moderate pf	2	
GONAK SOLN 2.5%	2	
gonioscopic prism SOLN 2.5%	2	
goodsense lubricant eye d	2	
HCA TEARS SOL PLUS	2	
ISOPTO TEARS SOLN .5%	2	
LIQUIFILM TEARS SOLN 1.4%	2	
lubricant eye drops SOLN .6%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
lubricant eye drops/dual-	2	
LUBRICNT GEL DRO 0.25-0.3	2	
MIEBO SOLN 1.338gm/ml	1	
moisturizing lubricant ey SOLN .25%	2	
muro 128 OINT 5%; SOLN 5%	2	
MURO 128 SOLN 2%	2	
optics mini drops	2	
proparacaine hcl SOLN .5%	1	
ra cleaning/disinfecting SOLN 3%	2	
REFRESH DRO OP	2	
REFRESH GEL OPTIVE	2	
REFRESH LIQUIGEL GEL 1%	2	
REFRESH OPTI DRO 0.5-0.9%	2	
refresh plus SOLN .5%	2	
REFRESH PLUS SOLN .5%	2	
REFRESH SOL OPTIVE	2	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
RETAINE HPMC SOLN .3%	2	
RETAINE MGD EMU 0.5-0.5%	2	
sodium chloride hypertonic OINT 5%	2	
STERILE LUBRICANT DROPS LIQD .7%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
systane balance restorati SOLN .6%	2	
SYSTANE FREE GEL	2	
SYSTANE PF SOL	2	
TEARS NATURA OIN PM	2	
THERATEARS GEL 1%; SOLN .25%	2	
theratears SOLN .25%	2	
VISINE PURE DRO TEARS	2	
VISINE TIRED EYE RELIEF SOLN 1%	2	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
flac OIL .01%	1	
fluocinolone acetonide (otic) OIL .01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin (otic) SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER 9MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER 18MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	1	
ipratropium bromide hfa AERS 17mcg/act	1	QL (2 inhalers / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act	1	QL (1 inhaler / 30 days)
ANTIHISTAMINES		
AHIST TABS 25mg	2	
ALA-HIST IR TABS 2mg	2	
alavert TABS 10mg; TBDP 10mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ALAVERT SYP	2	
aler-cap CAPS 25mg; TABS 25mg	2	
all day allergy childrens CHEW 5mg, 10mg	2	
aller-chlor SYRP 2mg/5ml; TABS 4mg	2	
aller-ease TABS 60mg	2	
aller-ease childrens SUSP 30mg/5ml	2	
allergy TBCR 12mg	2	
allergy childrens SOLN 5mg/5ml	2	
allergy rapid melts child CHEW 12.5mg	2	
azelastine hcl SOLN .1%	1	
banophen CAPS 50mg	2	
BENADRYL ALLERGY CHEW 12.5mg	2	
BENADRYL CAP 25MG CAPS 25mg	2	
BENADRYL TAB 25MG TABS 25mg	2	
cetirizine hcl SOLN 5mg/5ml	1	QL (300 mL / 30 days)
CHLOR-TRIMETON SYRP 2mg/5ml; TABS 4mg	2	
CHLOR-TRIMETON REPETABS TBCR 12mg	2	
CLARITIN CAPS 10mg	2	
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
diphenhydramine hcl SOLN 50mg/ml	1	
DIPHENHYDRAMINE HYDROCHLO LIQD 6.25mg/ml	2	
ED CHLORPED LIQD 2mg/ml	2	
goodsense all day allergy SOLN 5mg/5ml; TABS 10mg	2	
HISTEX CHEW 1.25mg; SYRP 2.5mg/5ml	2	
histex pd LIQD .938mg/ml	2	
HISTEX PDX LIQD 1.25mg/ml	2	
24hr allergy relief TABS 180mg	2	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	1	PA; PA applies if 65 years and older
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate CAPS 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
KC ALLERGY LIQ RELIEF	2	
kp cetirizine hcl TABS 5mg	2	
levocetirizine dihydrochloride SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	1	QL (30 tabs / 30 days)
loratadine CAPS 10mg	2	
m-hist pd LIQD .625mg/ml	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
PEDIAVENT CHEW 1mg; SYRP 2mg/5ml	2	
ra allergy LIQD 12.5mg/5ml	2	
sm allergy relief TABS 1.34mg	2	
TAVIST ALLERGY TABS 1.34mg	2	
TRIPROLIDINE HYDROCHLORID LIQD .313mg/ml	2	
VANACLEAR PD LIQD .313mg/ml	2	
VANAHIST PD LIQD .625mg/ml	2	
VANAMINE PD LIQD 6.25mg/ml	2	
zyrtec childrens allergy SOLN 1mg/ml	2	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	1	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
levalbuterol tartrate AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
COUGH AND COLD		
a.r.m.	2	
aceta-gesic	2	
acetadryl	2	
acta-tabs pe	2	
acticon	2	
ACTICON SOL 1-30	2	
actidogesic	2	
actifed cold/sinus	2	
actinel	2	
actinel pediatric	2	
ADULT DISPOS MIS MOUTHPIE	2	
advil cold & sinus	2	
af-dibromm	2	
af-dibromm dm	2	
af-ibup sinus	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
af-pseudoephedrine hcl TABS 30mg	2	
af-tussin dm	2	
AFRIN SPR 0.05% SOLN .05%	2	
AIRZONE PEAK MIS FLOW MTR	2	
ALA-HIST PE TAB 2-10MG	2	
ALAHIST CF TAB 10-2-20	2	
ALAHIST DM LIQ 7.5-2-15	2	
alavert allergy/sinus	2	
ALEVE COLD & TAB SINUS	2	
alka-seltzer plus night c	2	
ALKA-SELTZER TAB PLS COLD	2	
all day allergy d-12	2	
all day pain relief sinus	2	
all-nite multi-symptom co	2	
allerest	2	
allergy multi-symptom	2	
allergy multi-symptom nig	2	
ALLERGY/SINU TAB HEADACHE	2	
ALLFEN TABS 400mg	2	
allfen dm	2	
ALOE VESTA LIQ WHIRLBTH	2	
altarussin SYRP 100mg/5ml	2	
altarussin dm	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ambi 10peh/400gfn	2	
ambi 10peh/400gfn/20dm	2	
ambi 12.5cpd/1dcpm/30pse	2	
ambi 40pse/400gfn	2	
AMBI 60PSE/ TAB 400GFN	2	
ambitussin ac	2	
ANTIHIST NAS TAB DECONGES	2	
ANTITUSS CG/ SYP CODEINE	2	
AP-HIST DM LIQ 7.5-4-15	2	
AQUANAZ TAB	2	
BENADRYL TAB ALL/COLD	2	
BENYLIN SYP 15MG/5ML SYRP 15mg/5ml	2	
BENYLIN-DME LIQ	2	
BENZEDREX INH	2	
benzonatate CAPS 100mg, 200mg	2	
bidex TABS 400mg	2	
bio t pres	2	
biofed LIQD 30mg/5ml	2	
BROHIST D TAB 4-10MG	2	
bromfed dm	2	
broncho saline AERS .9%	2	
BROTAPP DM LIQ 15-1-5/5	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
camphor-eucalyptus-menthol - oint**	2	
CAPMIST DM TAB	2	
capron dm	2	
CAPRON DMT TAB 30-30MG	2	
CARBAPHEN CH SUS	2	
chest congestion & pain r	2	
chest congestion relief d	2	
childrens plus multi-symp	2	
childrens pseuphedrin LIQD 15mg/5ml	2	
CHILDRENS SUS PLUS CLD	2	
childs allergy cold/cough	2	
CHLO HIST SOL	2	
CHLO TUSS LIQ	2	
CLEAN START TAB VAPORIZE	2	
CLEAR COUGH LIQ PM	2	
CLOFERA LIQ	2	
CNTC CLD/FLU TAB DAY/NGHT	2	
codar gf	2	
CODITUSSIN LIQ AC	2	
CODITUSSIN LIQ DAC	2	
666 cold	2	
cold & flu relief nightti	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
cold head congestion day/	2	
cold head congestion dayt	2	
666 cold preparation	2	
cold relief plus	2	
comtrex cold & cough day/	2	
COMTREX COLD TAB & COUGH	2	
comtrex severe cold & sin	2	
contac cold+flu maximum s	2	
contac-d TABS 10mg	2	
corfen-dm	2	
CORICIDN HBP TAB 2-325MG	2	
CORICIDN HBP TAB CGH&COLD	2	
cough & chest congestion	2	
cough & cold	2	
cough cold & sore throat	2	
cough suppressant long-ac SYRP 15mg/5ml	2	
coughtab TABS 200mg	2	
cvs allergy relief d	2	
CVS CHEST CONGESTION CHIL PACK 100mg	2	
cvs chest congestion plus	2	
cvs chest rub medicated	2	
cvs cold & cough children	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
cvs cold & cough nighttim	2	
cvs cold & flu bp	2	
cvs cold & sinus multi-sy	2	
cvs flu & severe cold nig	2	
cvs nighttime cough	2	
cvs stuffy nose & cold ch	2	
DAY TIME CAP COLD/FLU	2	
daytime multi-symptom col	2	
DECONEX DMX TAB	2	
deconex ir	2	
DELSYM SUER 30mg/5ml	2	
despec	2	
dexbrompheniramine-phenylephrine tab 2-10 mg	2	
dextromethorphan hbr SYRP 10mg/5ml	2	
dextromethorphan-guaifene	2	
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	2	
DIABETIC TUS LIQ DM	2	
DIABETIC TUS LIQ EX	2	
DIABETIC TUS LIQ MAX STR	2	
DIMETAPP CLD ELX /ALLERGY	2	
DIMETAPP ELX 1-15/5ML	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
DIMETAPP LIQ CHILD	2	
DOLOGEN TAB	2	
DORCOL LIQ DECONGES LIQD 15mg/5ml	2	
doxylamine-phenylephrine tab 7.5-10 mg	2	
DURAFLU TAB	2	
DURAVENT DM TAB	2	
ed a-hist dm	2	
ED A-HIST LIQ 4-10/5ML	2	
ed bron gp	2	
ED CHLORPED DRO D	2	
eq cold & cough dm child	2	
eq tussin dm cough/chest	2	
eql flu & severe cold mul	2	
eql tussin dm cough/chest	2	
EXCEDRIN SIN TAB HEADACHE	2	
FLOWTUSS SOL 2.5-200	2	
FLU & SORE POW THROAT	2	
geri-tussin dm	2	
GLEN PE LIQ	2	
GLENAX PEB LIQ	2	
GLENTUSS LIQ	2	
GLUCOSSIN-DM LIQD 15mg/5ml	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
gnp allergy & congestion	2	
gnp allergy plus sinus he	2	
gnp allergy sinus pe day	2	
goodsense cold & head con	2	
goodsense cough dm SUER 30mg/5ml	2	
goodsense day time cold &	2	
goodsense nighttime cold	2	
guaicon dms	2	
guaifenesin liquid 100 mg LIQD 100mg/5ml	2	
GUAIFENESIN TAB 200 MG TABS 200mg	2	
HCA SUPHEDRI TAB PLUS	2	
HCA TUSSIN LIQ CF	2	
HISTAGESIC TAB	2	
HISTEX-AC SYP	2	
HISTEX-DM SYP	2	
HISTEX-PE SYP 2.5-10/5	2	
hm severe cold cough & fl	2	
hm severe cold/cough/flu	2	
12 hour cold TB12 120mg	2	
HUMIBID CS TAB 20-400MG	2	
HUMIBID MAXIMUM STRENGTH TB12 1200mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
HYCOFENIX SOL	2	
HYDROC/GUAIF SOL 2.5-200	2	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	2	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	2	
hydromet	2	
LODRANE D CAP 4-60MG	2	
LOHIST-DM SYP 5-2-10MG	2	
lohist-peb	2	
LORTUSS DM LIQ	2	
LORTUSS EX LIQ	2	
LORTUSS LQ LIQ	2	
3M AIR WARM MIS MASK	2	
M-CLEAR WC LIQ 100-6.33	2	
M-END DMX LIQ	2	
M-END PE LIQ	2	
m-end wc	2	
MAPAP SINUS TAB PE	2	
MAR-COF BP LIQ 30-2-7.5	2	
MAR-COF CG LIQ 225-7.5	2	
MAXIPHEN DM TAB	2	
medi-tussin dm	2	
MEDICATED OIN RUB	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
MICROSPACER MIS	2	
MUCINEX TB12 600mg	2	
MUCINEX CAP DAY/NGHT	2	
MUCINEX CAP FAST-MAX	2	
MUCINEX CGH GRA 5-100MG	2	
mucinex childrens multi-s	2	
MUCINEX CHLD LIQ MULTISYM	2	
MUCINEX COLD LIQ /KIDS	2	
MUCINEX COLD LIQ SINUS	2	
MUCINEX D TAB 60-600MG	2	
MUCINEX D/N PAK FAST/MAX	2	
MUCINEX FAST MIS DAY/NGHT	2	
MUCINEX FAST TAB 5-10-200	2	
mucinex fast-max day time	2	
mucinex sinus-max day/nig	2	
mucus congestion & cough	2	
mucus relief dm	2	
mucus relief dm maximum s	2	
multi-symptom cold daytim	2	
NASAL DECONGESTANT LIQD 30mg/5ml; SYRP 30mg/5ml	2	
NASOPEN PE LIQ	2	
NEO-SYNEPHRINE SOLN 1%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
NEXAFED SINS TAB + PAIN	2	
NIGHT TIME CAP COLD/FLU	2	
nighttime cold & flu	2	
nighttime sinus & congest	2	
NINJACOF LIQ	2	
NINJACOF-A LIQ	2	
NINJACOF-XG LIQ 200-8/5	2	
NIVANEX DMX TAB	2	
non-asa severe allergy	2	
NYQUIL SINEX CAP NT RELF	2	
OBREDON SOL 2.5-200	2	
oxymetazoline hcl SOLN .05%	2	
PEDIACARE INFANT SOLN 7.5mg/0.8ml	2	
PEDIACARE LIQ CGH/COLD	2	
PEDIATRIC MIS MASK	2	
PERCOGESIC TAB 12.5-325	2	
PHANATUSS SYP	2	
phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml	2	
phenylephrine w/ dm-gg syrup 5-10-100 mg/5ml	2	
phenylephrine w/ dm-gg tab 10-17.5-385 mg	2	
POLY HIST TAB 7.5-10MG	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
POLY-HIST DM LIQ 5-25-10	2	
POLY-HIST PD LIQ	2	
POLY-TUSSIN LIQ 10-4-10	2	
POLY-VENT DM TAB	2	
POLY-VENT IR TAB 60-380MG	2	
PRO-RED AC SYP 5-1-9/5	2	
promethazine vc/codeine	2	
promethazine w/ codeine syrup 6.25-10 mg/5ml	2	
promethazine-dm syrup 6.25-15 mg/5ml	2	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	2	
pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml	2	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	2	
pseudoephedrine hcl SOLN 7.5mg/0.8ml; SYRP 30mg/5ml; TABS 60mg	2	
PYRILAMIN/PE TAB 25-10MG	2	
q-tussin dm	2	
qc medifin pe	2	
ra day/night maximum stre	2	
ra severe cold/night time	2	
ra tussin cough dm sugar	2	
REFENESEN TAB CHST CNG	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
relcof c	2	
RESCON TAB 2-60MG	2	
RESCON-DM SYP	2	
RESPAIRE-30 CAP	2	
robafen dm clear	2	
robafen dm cough clear	2	
ROBITUSSIN COUGHGELS CAPS 15mg	2	
ROBITUSSIN LIQ CGH/CLD	2	
ROBITUSSIN SYP 100/5ML SYRP 100mg/5ml	2	
RYDEX LIQ	2	
rymed	2	
sb cough control CAPS 15mg	2	
sb cough control cf	2	
sb cough relief LIQD 15mg/5ml	2	
siltussin-dm	2	
SINUS RELIEF TAB DAY/NGHT	2	
sm tussin dm	2	
sm tussin dm cough/chest	2	
sodium chloride (inhalant) NEBU .9%, 3%	2	
STAHIST AD LIQ	2	
STAHIST AD TAB 25-60MG	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
SUDAFED PE MAXIMUM STRENG TABS 10mg	2	
SUDAFED PE PAK COLD	2	
sudafed sinus congestion TABS 30mg	2	
SUDAFED TAB 60MG TABS 60mg	2	
TESSALON PERLES CAPS 100mg	2	
tg 10peh/380gfn/15dm	2	
tgt cough formula dm max	2	
th cold & allergy	2	
THERAFLU PAK SEV COLD	2	
THERAFLU SEV POW COLD/CGH	2	
TRIAMINIC NT LIQ COLD/CGH	2	
TRIAMINIC SOL COLD/CGH	2	
TRIAMINIC SYP CLD/ALRG	2	
TRIAMINIC SYP COLD/CGH	2	
triprolidine & pseudoephedrine tab 2.5-60 mg	2	
trymine cg	2	
TUSNEL C SYP	2	
TUSNEL PED DRO 7.5-50	2	
TUSNEL TAB	2	
TUSNEL-DM DRO PEDIATRC	2	
tussin dm	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
TYL ALLERGY TAB SINUS	2	
TYLENOL ALLE TAB MULTI-SY	2	
tylenol childrens cold/fl	2	
tylenol cold & head sever	2	
TYLENOL COLD LIQ MAX	2	
TYLENOL COLD LIQ MULTI-S	2	
TYLENOL COLD LIQ MULTI-SY	2	
TYLENOL COLD TAB HEAD CON	2	
TYLENOL COLD TAB RELIEF	2	
TYLENOL SINU PAK CNG/PAIN	2	
VANACOF AC LIQ 12.5-25	2	
vanacof dm	2	
VANACOF LIQ	2	
VANACOF-8 LIQ 25-50/15	2	
VANATAB AC TAB 12.5-25	2	
VANATAB DM TAB 5-9-198	2	
vazotab	2	
vicks dayquil severe cold	2	
vicks nyquil cough	2	
VICKS NYQUIL LIQ COLD/FLU	2	
VICKS OIN VAPORUB	2	
WAL-FLU COLD POW SORE THR	2	
wal-tussin cough & chest	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
4-way fast acting SOLN 1%	2	
ZUTRIPRO LIQ 60-4-5MG	2	
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	1	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
afrin saline nasal mist	2	
ALYFTREK TAB 4-20-50	1	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NM, PA
ASTHMANEFRIN REFILL NEBU 2.25%	2	
ayr nasal drops SOLN .65%	2	
AYR NASAL DROPS SOLN .65%	2	
AYR NASAL MIST ALLERGY & 2.65% SOLN	2	
AYR SALINE KIT NETI RNS	2	
ayr saline nasal	2	
bronchial mist AERS .22mg/act	2	
cromolyn sodium NEBU 20mg/2ml	1	B/D
cromolyn sodium (nasal) AERS 4%	2	
CVS NASAL MIST AERS .9%, 3%	2	
DRAIN POUCH MIS CLAMP	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
EPINEPHRINE AER MIST AERS .22mg/act	2	
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	QL (60 tabs / 30 days), NM, PA
NASADROPS SALINE ON THE G SOLN .9%	2	
NASOGEL GEL	2	
nintedanib esylate CAPS 100mg, 150mg	1	QL (60 caps / 30 days), NM, PA
NOZIN NASAL SANITIZER KIT 62%; SWAB 62%	2	
ocean nasal spray SOLN .65%	2	
OFEV CAPS 100mg, 150mg	1	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	QL (56 packets / 28 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ORKAMBI TAB 100-125	1	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	QL (112 tabs / 28 days), NM, PA
PANDA MASK MIS SMALL	2	
pirfenidone CAPS 267mg	1	QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	1	QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	1	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NM, PA
RHINARIS SOLN .2%	2	
roflumilast TABS 250mcg	1	QL (56 tabs / year)
roflumilast TABS 500mcg	1	QL (30 tabs / 30 days)
S2 NEBU 2.25%	2	
SINUS WASH CRY SALT	2	
SYMDEKO TAB 50-75MG	1	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	QL (56 tabs / 28 days), NM, PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	QL (56 packs / 28 days), NM, PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
TRIKAFTA PAK 75MG	1	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NM, PA
NASAL STEROIDS		
FLONASE SENSIMIST SUSP 27.5mcg/spray	2	
flunisolide (nasal) SOLN .025%	1	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	1	QL (1 bottle / 30 days)
gnp 24 hour nasal allerg AERO 55mcg/act	2	
kls aller-flo SUSP 50mcg/act	2	
NASACORT ALR SPR 55MCG/AC	2	
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
breyna	1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (60 inhalations / 30 days)
wixela inhub	1	QL (60 inhalations / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
acne 10 GEL 10%	2	
acne foaming wash LIQD 10%	2	
ACNE MEDICATION LOTN 10%	2	
acne medication 5 GEL 5%	2	
ACNE MEDICATION 5 LOTN 5%	2	
ACNEFREE KIT SEVERE	2	
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	1	PA
benzoyl peroxide GEL 2.5%; LOTN 5%, 10%	2	
benzoyl peroxide cleanser LIQD 6%	2	
BENZOYL PEROXIDE CLEANSER LIQD 6%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
benzoyl peroxide-erythromycin gel 5-3%	1	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (45 gm / 30 days)
clindamycin phosphate (topical) GEL 1%	1	QL (75 mL / 30 days), PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
cvs acne cleansing bar BAR 10%	2	
cvs advanced 3-in-1 exfol LIQD 5%	2	
ery PADS 2%	1	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	1	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	1	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	1	PA
neuac	1	QL (45 gm / 30 days)
sulfacetamide sodium (acne) LOTN 10%	1	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	1	QL (60 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
alba-3	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ANTIBIOTIC CRE	2	
BACIGUENT OINT 500unit/gm	2	
bacitracin (topical) OINT 500u/gm	2	
bacitracin zinc OINT 500unit/gm	2	
bacitracin-polymyxin b oint**	2	
eql antibiotic + pain rel	2	
gentamicin sulfate (topical) CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
mp triple antibiotic plus	2	
mupirocin OINT 2%	1	QL (220 gm / 30 days)
MYCITRACIN OIN	2	
POLYSPORIN OIN	2	
ra antibiotic/pain relief	2	
silver sulfadiazine CREA 1%	1	
SPECTROCIN OIN PLUS	2	
ssd CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
absorbine jr SOLN 1%	2	
AFTATE ATHLE POW FOOT 1% POWD 1%	2	
aftate athlete's foot AERO 1%	2	
ALEVAZOL OINT 1%	2	
ALOE VESTA 2-N-1 ANTIFUNG OINT 2%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
antifungal CREA 1%, 2%	2	
athletes foot powder spra AERP 2%	2	
azolen tincture SOLN 2%	2	
butenafine hcl CREA 1%	2	
castellani paint LIQD 1.5%	2	
ciclopirox SHAM 1%	1	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	1	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	1	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	1	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	1	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (45 gm / 30 days)
CLOVERINE OIN SALVE	2	
critic-aid clear af OINT 2%	2	
CRUEX CRE 1%	2	
cvs af spray powder AERP 1%	2	
DESENEX MAX CREA 1%	2	
econazole nitrate CREA 1%	1	QL (85 gm / 30 days)
eql antifungal CREA 1%	2	
FUNGOID TINCTURE KIT 2%	2	
ketoconazole (topical) CREA 2%	1	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	1	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	1	QL (60 gm / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
LAMISIL ADVANCED GEL 1%	2	
MICATIN AERP 2%	2	
MICATIN CRE 2%	2	
MICATIN POW 2% POWD 2%	2	
NP-27 AERP 1%; CREA 1%	2	
NP-27 SOL 1% SOLN 1%	2	
nyamyc POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	1	QL (60 gm / 30 days)
original ointment	2	
ra antifungal foot care CREA 1%	2	
remedy phytoplex antifung POWD 2%	2	
selenium sulfide LOTN 2.5%	1	
TINACTIN AERO 1%	2	
tolnaftate POWD 1%	2	
DERMATOLOGY, ANTIHISTAMINES		
allergy cream CREA 2%	2	
allergy relief maximum st	2	
benadryl extra strength	2	
BENADRYL MAXIMUM STRENGTH SOLN 2%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
BENADRYL SPR 2-0.1%	2	
diphenhydramine hcl (topical) SOLN 2%	2	
diphenhydramine-zinc acetate cream 2-0.1%	2	
ITCH RELIEF CREA 2%	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	PA
calcipotriene CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	1	QL (120 mL / 30 days), PA
calcitrene OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	QL (120 gm / 30 days), PA
pellix SOLN .005%	1	QL (120 mL / 30 days), PA
tazarotene CREA .05%, .1%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	1	QL (120 mL / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	1	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	1	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
clobetasol propionate SHAM .05%	1	QL (236 mL / 30 days)
clobetasol propionate SOLN .05%	1	QL (100 mL / 30 days)
clobetasol propionate e CREA .05%	1	QL (120 gm / 30 days)
clodan SHAM .05%	1	QL (236 mL / 30 days)
CORTIZONE-10 CRE 1%	2	
cortizone-10 eczema LOTN 1%	2	
CORTIZONE-10 OIN 1%	2	
CORTIZONE-10 SOL SCALP 1% SOLN 1%	2	
eql anti-itch maximum str OINT 1%	2	
fluocinolone acetonide CREA .01%	1	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	1	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	1	QL (60 mL / 30 days)
fluocinonide CREA .05%, .1%	1	QL (120 gm / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
fluocinonide GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
fluocinonide SOLN .05%	1	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	1	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	1	
halobetasol propionate CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
HYDROCORT CRE 0.5%	2	
HYDROCORT CRE 1%	2	
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
hydrocortisone (topical) CREA .5%; OINT .5%; SOLN 1%	2	
hydrocortisone (topical) OINT 1%	1	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	1	QL (60 gm / 30 days)
hydrocortisone-aloe vera cream 0.5%	2	
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	1	
pramoxine-hc cream 1-2.5%	2	
tgt anti-itch/aloe maximu	2	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
triderm CREA .5%	1	QL (454 gm / 30 days)

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	1	QL (60 mL / 30 days), PA
lidocaine OINT 5%	1	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	1	QL (3 patches / 1 day), PA
lidocaine hcl PRSY 2%	1	QL (60 mL / 30 days), PA
lidocaine hcl SOLN 4%	1	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	1	QL (3 patches / 1 day), PA
tridacaine iii PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
A + D PERSON LOT	2	
a+d first aid	2	
abreva CREA 10%	2	
absorbine jr back patch PTCH 5%	2	
acne-aid	2	
ACNO CLEANSE LIQ	2	
ACTICOAT 3 MIS 4"X8"	2	
ACTICOAT 3 MIS 4"X48"	2	
ACTICOAT 3 MIS 8"X16"	2	
ACTICOAT 3 MIS 16"X16"	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ACTICOAT 7 MIS 1"X24"	2	
ACTICOAT 7 MIS 2"X2"	2	
ACTICOAT 7 MIS 4"X5"	2	
ACTICOAT 7 MIS 6"X6"	2	
ACTICOAT MIS 4"X4"	2	
ACTICOAT MIS 5"X5"	2	
ACTICOAT SUR PAD 4"X8"	2	
ACTICOAT SUR PAD 4"X10"	2	
ACTICOAT SUR PAD 4X4-3/4"	2	
ACTICOAT SUR PAD 4X13.75"	2	
actimaris wound gel	2	
advanced healing ointment OINT 41%	2	
AGREE SHA EX CLEAN	2	
ala seb	2	
ALCOHOL SOL /WG 70%	2	
alcohol, rubbing SOLN 70%	2	
ALLCLENZ LIQ	2	
ALLEVYN AG MIS 6-3/4"	2	
ALLEVYN AG PAD 2"X2"	2	
ALLEVYN AG PAD 3"X3"	2	
ALLEVYN AG PAD 4"X4"	2	
ALLEVYN AG PAD 5"X5"	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ALLEVYN AG PAD 6"X6"	2	
ALLEVYN AG PAD 7"X7"	2	
ALLEVYN AG PAD 8"X8"	2	
aloe vesta 2-n-1 body was	2	
ALOE VESTA 2-N-1 SKIN CON LOTN 3%	2	
alphasoft	2	
ALUMINUM CHLORIDE CRYS 25%	2	
ameda triple zero lanolin	2	
americerin	2	
amerigel barrier	2	
ameriphor	2	
amlactin CREA 12%	2	
AMMENS MEDIC POW	2	
amplify relief mm	2	
analgesia CREA 10%	2	
ANALPRAM-HC LOT 2.5%	2	
anecream CREA 4%	2	
anecream5 CREA 5%	2	
anti-dandruff shampoo SHAM 1%	2	
ANTI-ITCH LOT 1% LOTN 1%	2	
anti-itch medication	2	
ANTIBAC ALGI PAD SILVER	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ANTIPHLOGIST CRE	2	
antiseptic SOLN 10%	2	
antiseptic skin cleanser SOLN 4%	2	
ANUSOL-HC SUPP 25mg	2	
AQUA CARE CREA 10%	2	
aqua care CREA 10%; LOTN 10%	2	
aqua lube	2	
aqua net conditon norm	2	
AQUACEL AG FOAM PADS 1.2%	2	
AQUACEL AG FOAM/HEEL PADS 1.2%	2	
AQUACEL AG FOAM/SACRAL PADS 1.2%	2	
aquaphilic	2	
AQUAPHOR 3 IN 1 DIAPER RA CREA 15%	2	
AQUASITE PAD 4"X4"	2	
ARCTIC RELF GEL 0.2-3.5%	2	
arctic relief roll-on pai GEL 4%	2	
ARGLAES POW	2	
ARIDA GEL	2	
arthritis pain relieving CREA .075%	2	
ASPERCREME/ALOE CREA 10%	2	
AVEENO ANTI- LOT ITCH	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
AVEENO BABY SOOTHING RELI CREA 13%	2	
AVEENO SKIN OIL RELIEF	2	
baby ease OINT 30%	2	
BABY MONKEY CRE 2-12%	2	
baby vitamin a & d	2	
BALMEX CREA 11.3%; STCK 11.3%	2	
balmex adult care CREA 11.3%	2	
BALMEX ADULT CARE CREA 11.3%	2	
balmex complete protectio CREA 11.3%	2	
BASIS FACIAL CRE MOIST	2	
BAZA CLEANSE & PROTECT LOTN 2%	2	
BENGAY CRE GREASLES	2	
bengay pain relief/massag GEL 2.5%	2	
BENZOIN CMPD TIN	2	
benzoin compound tincture	2	
benzoin tincture	2	
BERRI-FREEZ PAIN RELIEVIN LIQD 10%	2	
BETADINE OINT 10%; SOLN 5%, 10%	2	
BETADINE PREPSTICK SWAB 10%	2	
BETADINE SCR SOL 7.5% SOLN 7.5%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
BETASAL SHA 3% SHAM 3%	2	
betasept surgical scrub LIQD 4%	2	
bexarotene (topical) GEL 1%	1	QL (60 gm / 30 days), NM, PA
biofreeze LIQD 10%	2	
BIOFREEZE COOL THE PAIN AERO 10.5%	2	
bl cold & hot therapy bal	2	
BL ISOPROPYL ALCOHOL SOLN 91%, 99%	2	
bl isopropyl rubbing alco SOLN 70%	2	
BL ISOPROPYL RUBBING ALCO SOLN 70%	2	
BL MINERAL OIL LIGHT	2	
bl wart remover LIQD 17%	2	
BL WITCH HAZ LIQ 86%	2	
blue gel GEL 2%	2	
BLUE STAR OIN	2	
boric acid granules	2	
BOUDREAUXS BUTT PASTE OINT 16%	2	
BULL FROG SPR MOSQUITO	2	
BURN SPRAY AER	2	
CALAMINE LOT	2	
CALAMINE LOT PHENOLAT	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
calamine lotion**	2	
calamine phenolated lotion**	2	
calamine plus	2	
CALAMINE POW	2	
calamine powder	2	
CALAZIME SKN PST PROTECT	2	
CAMPHOR CRY	2	
camphor crystals	2	
capsaicin CREA .025%, .075%	2	
CAPSAICIN POW	2	
CAPZASIN-HP CREA .1%	2	
CAPZASIN-P CRE 0.025% CREA .025%	2	
carb-o-philic/20 CREA 20%	2	
CARMOL 10 LOTN 10%	2	
CARMOL 20 CREA 20%	2	
cerave baby LOTN 1%	2	
CLORPACTIN WCS-90 POWD 2gm	2	
COATS ALOE CREME CREA .5%	2	
COATS ALOE GELLY GEL .5%	2	
COATS ALOE MOISTURIZING L LOTN .5%	2	
coleman 100 max insect re LIQD 98.11%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
coleman botanicals insect	2	
coleman insect repellent/ AERO 25%	2	
coleman skinsmart insect	2	
COMFEEL FILM MIS	2	
compound w LIQD 17%	2	
compound w maximum streng GEL 17%	2	
CONFORMANT 2 MIS 4"X4"	2	
constant-clens	2	
corn fix SOLN 17%	2	
cottontails diaper rash c OINT 10%	2	
COZIMA CREA 24%	2	
cutter all family mosquit SHEE 7.15%	2	
CVS ALCOHOL SOLN 91%	2	
cvs anti-itch	2	
cvs anti-itch sensitive s LOTN 1%	2	
cvs hydrogen peroxide SOLN 3%	2	
cvs muscle rub	2	
cvs wart remover gel pen GEL 17%	2	
DERMAGRAN OIN	2	
dermamed	2	
dermatological products misc - aerosol*	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
DERMAZINC SPRAY LIQD .25%	2	
desitin CREA 13%	2	
DESITIN OINT 40%	2	
DESITIN CREAMY OINT 10%	2	
DESITIN MAXIMUM STRENGTH PSTE 40%	2	
desitin rapid relief CREA 13%	2	
dhs tar SHAM .5%	2	
DHS ZINC SHA 2% SHAM 2%	2	
diaper rash CREA 10%	2	
dibucaine (rectal) OINT 1%	2	
dickinsons witch hazel	2	
diclofenac sodium (topical) SOLN 1.5%	1	QL (300 mL / 28 days)
docosanol CREA 10%	2	
dr scholls odor-x all-day	2	
DR SMITHS ADULT BARRIER OINT 10%	2	
DR SMITHS ADULT BARRIER S AERO 10%	2	
DRS CHOICE KIT CLOSURE	2	
DURAFIBER AG PAD 3/4X18"	2	
DURAFIBER AG PAD 8X11.75"	2	
DY-O-DERM VITILIGO STAIN SOLN 6.55%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
DYNAGINATE MIS 12" ROPE	2	
DYNAGINATE PAD 4"X8"	2	
e-oil OIL 400unit/ml	2	
eck a & d	2	
ECK IODINE TIN 2%	2	
EHA LOTION 4% LOTN 4%	2	
ELA-MAX CREA 4%	2	
ELA-MAX 5 CREA 5%	2	
ELTA SEAL MOISTURE BARRIE CREA 6%	2	
emollient - cream*	2	
ENEGEL GEL	2	
eq hygienic cleansing wip	2	
eql aloe after sun	2	
ETHY ALCOHOL SOL 70%	2	
EUCRISA OINT 2%	1	QL (120 gm / 30 days), PA
fluorouracil (topical) CREA 5%	1	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	1	QL (10 mL / 30 days)
FORAXA EMU	2	
formaldehyde SOLN 37%	2	
FORMALDEHYDE SOLN 37%	2	
formulation r	2	
FP ANTI-ITCH CRE MEDICATE	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
FREEZE IT GEL 0.2-3.5%	2	
fv iodine tincture	2	
geri-hydrolac LOTN 5%	2	
glycerin topical liquid	2	
glycolic acid SOLN 70%	2	
gnp arthritis pain relief CREA .1%	2	
GNP ISOPROPYL ALCOHOL SOLN 99%	2	
GOLD BOND POW	2	
gold bond rapid relief	2	
GOLD DUST POW WOUND	2	
goodsense capsaicin arthr LIQD .15%	2	
goodsense hemorrhoidal	2	
goodsense hemorrhoidal oi	2	
grx dyne swab SWAB 10%	2	
grx wound	2	
h-chlor 12 SOLN .125%	2	
hca alcohol swabs	2	
HCA GLYCERIN LIQ	2	
HCA HEMORRHO OIN	2	
hemorrhoid	2	
hemorrhoidal	2	
hemorrhoidal cooling	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
hemorrhoidal suppositorie	2	
HEMORROID SUP 3%	2	
HIBICLENS LIQ 4% LIQD 4%	2	
HIBICLENS SOL 4% SOLN 4%	2	
huggies diaper rash cream CREA 10%	2	
HYDROC/PRAM SUP 25-18MG	2	
hydrocortisone (rectal) CREA 1%, 2.5%	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	2	
HYDROGEL DRE PAD 2"X3"	2	
HYDROGEN PEROXIDE SOLN 3%	2	
hysept 25 SOLN .25%	2	
hysept 50 SOLN .5%	2	
ICY HOT PAIN RELIEVING GE GEL 2.5%	2	
imiquimod CREA 5%	1	QL (24 packets / 30 days)
INSTACLEAN LIQ	2	
IODINE TIN STRONG	2	
iodine tincture strong*	2	
iodine tincture*	2	
IODOFLEX PADS .9%	2	
IODOSORB GEL .9%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ionil-t SHAM 1%	2	
isopropyl alcohol 70%	2	
ISOPROPYL ALCOHOL WIPES MISC 70%	2	
JESSNERS SOL	2	
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	1	
LACTICARE LOT 5%	2	
LID SCRUB LIQ ORIGINAL	2	
lidocaine pain relief pat PTCH 4%	2	
liniments & rubs - cream*	2	
liniments & rubs - ointment*	2	
lmx 4 CREA 4%	2	
LUXAMEND CRE	2	
3M DURABLE CRE MOISTURI	2	
MCM PAD	2	
mederma spf 30	2	
medicated pain relieving	2	
MEDIHONEY PST WOUND	2	
MENTICAM CRE	2	
metronidazole (topical) CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	1	QL (59 mL / 30 days)
MOISTURE BARRIER CREA 5%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
moisturel therapeutic LOTN 3%	2	
moisturizing lotion LOTN 1.5%	2	
MUSCLE RUB CRE ULT STR	2	
MUSCLE RUB OIN	2	
4-N-1 CREA 1%	2	
natrapel LIQD 20%	2	
natrapel 12-hour tick & i AERO 20%	2	
neuracin	2	
NEW SKIN LIQUID BANDAGE AERO .2%	2	
nitroglycerin (intra-anal) OINT .4%	1	QL (30 gm / 30 days)
noble formula LIQD .25%	2	
NUPERCAINAL OINT 1%	2	
ocusoft baby eyelid & eye	2	
ocusoft lid scrub origina	2	
OPERAND CHLORHEXIDINE GLU LIQD 2%	2	
OXIPOR VHC LOT	2	
PAIN RELIVNG SPR 4-10-30%	2	
PANRETIN GEL .1%	1	QL (60 gm / 30 days), PA
PETROLATUM OIN	2	
PHARMABASE BARRIER OINT 9.38%	2	
PHENOL LIQ	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
phenol liquid	2	
phenylephrine in hard fat	2	
pimecrolimus CREA 1%	1	QL (100 gm / 30 days), PA
podofilox SOLN .5%	1	QL (7 mL / 28 days)
POLAR FROST GEL 4%	2	
povidone-iodine OINT 10%; SOLN 5%, 7.5%	2	
POVIDONE-IODINE PREP PAD PADS 10%	2	
powders POWD .1%	2	
pramoxine hcl (rectal) FOAM 1%	2	
PREDATOR CREA 4%	2	
PREPARATIO H CRE TOTABLE	2	
PREPARATIO H GEL	2	
preparation h	2	
PREPARATION H SUPP .25%	2	
PROCORT CRE	2	
procto-med hc CREA 2.5%	1	
proctocort CREA 1%	1	
PROCTOCORT SUPP 30mg	2	
PROCTOFOAM AER NS 1% FOAM 1%	2	
proctosol hc CREA 2.5%	1	
proctozone-hc CREA 2.5%	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
psoriasin LIQD 3%	2	
PSORIASIS MEDICATED SKIN LIQD 3%	2	
PX ULTRA STR OIN RUB	2	
pyrithione zinc SHAM 2%	2	
qc relief patch	2	
ra body powder medicated	2	
ra medicated first aid sp	2	
REMEDY CLEANSING BODY LOT LOTN 1.5%	2	
REMEDY PST CALAZIME	2	
REMEDY SKIN REPAIR CREA 1.5%	2	
repel sportsmen max LOTN 40%	2	
RESTORE SILV PAD 4"X4.75"	2	
risamine	2	
SALONPAS GEL DEEP REL	2	
SARNA CALM LOT 1-0.5%	2	
SARNA LOT	2	
scar treatment products - cream*	2	
scholls for her cracked s CREA 1.5%	2	
SCYTERA FOAM 2%	2	
SEBULEX SHA	2	
SECURA EXTRA PROTECTIVE CREA 30.6%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
SELSUN BLUE LOTN 1%	2	
2ND SKIN PAD MST BURN	2	
skin protectant moisture CREA 12%	2	
**skin protectants misc* - PSTE 49.8%	2	
sm anti-dandruff coal tar SHAM .5%	2	
soap & cleansers - bar**	2	
sodium hypochlorite SOLN .125%, .25%, .5%	2	
SOOTH-IT PAD PADS 50%	2	
STIMULEN LOT	2	
STOPAIN LIQD 8%	2	
SWEEN CRE	2	
tacrolimus (topical) OINT .03%, .1%	1	QL (100 gm / 30 days), PA
TANNIC ACID POW	2	
tannic acid powder	2	
TEGADERM AG MIS ALGINATE	2	
TEGADERM AG PAD ALG 4X5	2	
TEGADERM AG PAD ALG 6X6	2	
TEGADERM AG PAD ALGINATE	2	
tgt hemorrhoidal supposit	2	
THERAPLEX T SHAM 1%	2	
THERASEAL LOTN 1%	2	
TIGER BALM CRE MUSCLE	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
TOPICAINE GEL 4%	2	
TRIPLE PASTE OINT 12.8%	2	
VALCHLOR GEL .016%	1	QL (60 gm / 30 days), NM, PA
VITAMIN A&D OIN	2	
WART OFF SOL 17% SOLN 17%	2	
white petrolatum topical gel	2	
WOUN'DRES GEL	2	
wound dressings - pads**	2	
z-bum CREA 22%	2	
ZENIFIBER AG PAD 2"X2"	2	
ZENIFIBER AG PAD 4"X5"	2	
ZENIFIBER AG PAD 6"X6"	2	
ZENIFIBER AG PAD 8"X8"	2	
ZENIFIBER AG PAD 12" ROPE	2	
ZENIFOAM AG PAD 4"X5"	2	
ZIKS ARTHRIT CRE RELIEF	2	
ZINC OXIDE PSTE 25%	2	
zinc oxide (topical) OINT 20%, 25%, 40%; PSTE 25%	2	
ZOSTRIX NATURAL PAIN RELI CREA .033%	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
a-200 AERO .5%	2	
a-200 maximum strength	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
bl permethrin LIQD 1%	2	
complete lice treatment k	2	
cvs permethrin LOTN 1%	2	
END LICE M/S LIQ	2	
hca lice shampoo	2	
liceout	2	
malathion LOTN .5%	1	QL (59 mL / 30 days)
NIX COMPLETE KIT LICE 1%	2	
NIX CREME LIQ RINSE 1% LIQD 1%	2	
permethrin CREA 5%	1	QL (60 gm / 30 days)
PERMETHRIN LOT 1%	2	
PRONTO SHA 0.33-4%	2	
pyrethrins-piperonyl butoxide liq 0.3-3%	2	
RID AERO .5%	2	
RID COMPLETE KIT LICE	2	
RID ESS LICE KIT 0.33-4%	2	
RID LIQ	2	
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days), PA
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
MOUTH/THROAT/DENTAL AGENTS		
ACTISEP SOL	2	
ACTISEP SPR	2	
allevacaine SOLN 20%	2	
ANBESOL GEL 10%; LIQD 10%	2	
anbesol cold sore therapy	2	
ANBESOL MAXIMUM STRENGTH GEL 20%; LIQD 20%	2	
artificial saliva - solution**	2	
ASTRING-O-SO LIQ MTHWASH	2	
baby anbesol GEL 7.5%	2	
baby oral pain GEL 7.5%	2	
baby teething GEL 7.5%	2	
baby teething pain medici GEL 7.5%	2	
benz-o-sthetic GEL 20%; LIQD 20%; SOLN 20%	2	
BENZ-O-STHETIC SWAB 20%	2	
benzodent CREA 20%	2	
BLISTEX OIN MEDICATE	2	
CANKERMELTS LASTING PAIN DISK 15mg	2	
CAPHOSOL SOL	2	
CEPACOL LOZG 2mg	2	
CEPACOL DUAL SPR RELIEF	2	
CEPACOL FIZZLERS TBDP 6mg	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
CEPACOL LOZ 15-2.3MG	2	
CEPACOL LOZ 15-20MG	2	
CEPACOL LOZ INSTAMAX	2	
CEPACOL MAX LOZ NUMBING	2	
CEPACOL REGULAR STRENGTH LOZG 3mg	2	
CEPACOL SORE LOZ 10-2.1MG	2	
CEPACOL SORE LOZ 15-3.6MG	2	
CEPACOL SORE LOZ THRT MAX	2	
CEPACOL SORE SPR 0.1-33%	2	
cepacol sore throat LOZG 5.4mg	2	
cepacol sore throat extra	2	
cepacol sore throat/post LOZG 5.4mg	2	
cevimeline hcl CAPS 30mg	1	
CHERACOL SORE THROAT LIQD 1.4%	2	
cherry cough drops	2	
chloraseptic	2	
chloraseptic gargle LIQD 1.4%	2	
CHLORASEPTIC LOZ CHERRY	2	
CHLORASEPTIC LOZ HONY LEM	2	
CHLORASEPTIC LOZ MAX	2	
CHLORASEPTIC LOZ MENTHOL	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
CHLORASEPTIC MIS	2	
CHLORASEPTIC MIS KIDS	2	
chloraseptic sore throat/	2	
chloraseptic warming sore LOZG 15mg	2	
CHLORASEPTIC WARMING SORE LOZG 15mg	2	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	1	QL (150 lozenges / 30 days)
CONTROL DENT CRE ADHESIVE	2	
COUGH DROPS LOZG 2.7mg, 3.1mg, 5mg, 6.5mg, 7mg, 8mg, 10mg	2	
cough drops LOZG 5.4mg, 5.8mg, 7.5mg, 7.6mg, 8.4mg	2	
cough drops menthol	2	
cough drops sugar free LOZG 5.8mg, 7.6mg	2	
cvs baby teething oral pa GEL 7.5%	2	
cvs cherry menthol drops	2	
cvs cough drops sugar fre LOZG 5.8mg, 7.6mg	2	
cvs honey lemon drops	2	
cvs menthol drops	2	
cvs oral anesthetic maxim GEL 20%	2	
cvs oral pain reliever PSTE 20%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
cvs oral pain reliever ma CREA 20%; PSTE 20%	2	
cvs sore throat	2	
CVS SORE THROAT	2	
cvs sore throat maximum s	2	
CVS SORE THROAT RELIEF PO LPOP 20mg	2	
cvs throat relief pops ch LPOP 10mg	2	
cvs toothache relief	2	
DADS MENTHOL THROAT DROP LOZG 3.5mg	2	
dent-o-kain/20 LIQD 20%	2	
dentiva	2	
DENTS TOOTHACHE GUM GUM 20%	2	
DENTURE BRSH MIS /PICK	2	
denture care products - cream**	2	
diabetic tussin cough dro LOZG 6mg	2	
DUAL RELIEF LIQ	2	
EFFERDENT PAK PWR CLN	2	
EFFERDENT TAB PLUS	2	
eq cough drops sugar free LOZG 5.8mg	2	
eql cough drops LOZG 5.8mg, 7.5mg, 7.6mg	2	
EZO CUSHIONS MIS LOW REG	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
FIRST-MOUTHW SUS BLM	2	
FRUIT FROSTERS LOZG 7mg	2	
G-BUCAL-C SOL 0.15-0.1	2	
GILTUSS SPR BUCALSEP	2	
gnp cough drops LOZG 6.5mg, 7mg	2	
GNP HERBAL LOZG 4.8mg	2	
gnp oral pain relief LIQD 20%	2	
gnp throat drops LOZG 2.8mg	2	
goodsense oral pain relie GEL 20%	2	
GUMSOL LIQ	2	
GUMSOL SPR	2	
HURRICAINE AERO 20%	2	
hurricaine GEL 20%; SOLN 20%	2	
hurricaine one SOLN 20%	2	
HURRICAINE SNAP-N-GO SWAB 20%	2	
HURRIPAK STARTER KIT KIT 20%	2	
instant oral pain relief GEL 20%	2	
intense toothache pain re GEL 20%	2	
kank-a mouth pain SOLN 20%	2	
kourzeq PSTE .1%	1	
larynex	2	
lidocaine hcl (mouth-throat) SOLN 2%	1	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
LITTLE COLDS COLD RELIEF LPOP 19mg	2	
LITTLE COLDS SOOTHING THR STRP 19mg	2	
LITTLE TEETH GEL 7.5%	2	
lollicaine GEL 20%	2	
ludens dual relief	2	
LUDENS THROAT DROPS LOZG 1mg, 1.6mg, 1.7mg, 2.5mg, 2.8mg	2	
ludens throat drops LOZG 2.8mg	2	
medikoff drops LOZG 7.6mg	2	
menthol cough drops LOZG 5mg	2	
mouthwashes - liquid*	2	
MUCINEX INST LIQ SORETHRO	2	
MUCINEX LIQ INSTASOO	2	
natural herb cough drops LOZG 3mg	2	
nycoff	2	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
ORA-FILM STRP 6%	2	
ORAJEL 2X LIQ TOOTHACH	2	
ORAJEL 3X GEL TTH/GUM	2	
oral analgesic maximum st GEL 20%; LIQD 20%; PSTE 20%	2	
oral anesthetic maximum s PSTE 20%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ORAMAGIC PLUS SUSR 10%	2	
ORASEP SPR	2	
orastat maximum strength GEL 20%	2	
periogard SOLN .12%	1	
PERMA-GRIP POW	2	
perox-a-mint SOLN 1.5%	2	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1	
POLIGRIP MIS COMFORT	2	
POLIGRIP SUP CRE STRNG FR	2	
qc cough drops LOZG 5.8mg	2	
qc sore throat	2	
ra cough drops LOZG 5.4mg, 5.8mg, 6.5mg, 7mg, 7.5mg	2	
ra mouth pain anesthetic LIQD 20%	2	
RICOLA CHERRY HERB SUGAR LOZG 2.6mg	2	
RICOLA CHERRY HONEY HERB LOZG 2mg	2	
ricola honey lemon w/echi LOZG 3.5mg	2	
RICOLA HONEY-HERB LOZG 2mg	2	
RICOLA LEMON MINT LOZG 1.5mg	2	
RICOLA LEMON MINT HERB SU LOZG 1.1mg	2	
RICOLA LOZ	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
ricola mountain herb suga LOZG 4.8mg	2	
ricola natural herb LOZG 4.8mg	2	
salese	2	
SEA BOND BRI GEL CLEANSER	2	
SEA BOND WAF	2	
sm cough drops LOZG 3.1mg, 5mg, 5.8mg, 6.5mg, 7mg, 8mg, 10mg	2	
sm fruit coolers LOZG 7mg	2	
sm natural herb cough dro LOZG 4.8mg	2	
sore throat	2	
sore throat lollipops LPOP 10mg	2	
sore throat lozenges	2	
SUCRETS SORE THROAT LOZG 2mg	2	
tgt cough drops LOZG 9.1mg	2	
throat discs	2	
throat lozenges - lozenges*	2	
triamcinolone acetonide (mouth) PSTE .1%	1	
ultra throat lozenges	2	
VICKS VAPODROPS LOZG 1.7mg, 3.3mg	2	
ZILACTIN BABY GEL 10%	2	
zilactin-b GEL 10%	2	

Nombre del Medicamento	Nivel de Medicamento	Requisitos/Límites
OTIC		
antiseptic cleanser SOLN 10%	2	
auraphene-b SOLN 6.5%	2	
auro-dri LIQD 95%	2	
HCA EAR WAX SOL 6.5% OT	2	
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